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| GREENBOUGH HEALTH AND REHABILITATION CENTER | 340 DESOTO AVE EXTENDED CLARKSDALE, MS 38614 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual re-certification survey with two (2) Complaint Investigations (CI), CI MS # 20413 and MS CI #20364 at the facility from 1/8/23-1/11/23. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F677 for MS CI #20364 for Activities of Daily Living (ADL) care. There were no deficiencies cited for CI MS# 20413. The SA also cited F655, F656, F684, F686, F690, F725, and F803.<br><br>The census at the time of the survey was 54 and the facility is licensed for 66 beds. | F 000 | | |
| F 655 SS=D | Baseline Care Plan<br>CFR(s): 483.21(a)(1)-(3)<br><br>§483.21 Comprehensive Person-Centered Care Planning<br>§483.21(a) Baseline Care Plans<br>§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-<br>(i) Be developed within 48 hours of a resident's admission.<br>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-<br>(A) Initial goals based on admission orders.<br>(B) Physician orders.<br>(C) Dietary orders.<br>(D) Therapy services.<br>(E) Social services. | F 655 | | 2/9/23 |

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

Electronically Signed | 02/08/2023

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| F 655 | Continued From page 1<br>(F) PASARR recommendation, if applicable.<br><br>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-<br>(i) Is developed within 48 hours of the resident's admission.<br>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).<br><br>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:<br>(i) The initial goals of the resident.<br>(ii) A summary of the resident's medications and dietary instructions.<br>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.<br>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interviews, and facility policy review, the facility failed to develop a Baseline Care Plan for a resident admitted to the nursing facility with a Stage II Sacrum/Coccyx Wound and failed to update the Baseline Care Plan for a resident with a new order for positioning related to the care of a Left Lower Leg Wound. Resident #156 and Resident #157.<br><br>Findings include:<br><br>Review of the facility policy titled, "Policies and Procedures," with a revision date of 09/25/2017, | F 655 | This plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statements of deficiencies. The plan of correction is prepared solely because it is required by the provisions of State and Federal laws.<br><br>On January 16, 2023, Baseline care plans were updated for resident #156 and # 157 by Minimum Data Set (MDS) nurse. | |

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| F 655 | Continued From page 2<br>revealed "Subject: Plan of Care ... Procedure: ... Develop and implement an individualized Person-Centered baseline plan of care ... to provide effective care of the resident that meets professional standards of care to ensure that the resident's needs are met appropriately until the Comprehensive plan of care is completed."<br><br>Resident #156<br>Record review of the Baseline Care Plan for Resident #156 did not reveal a care plan for his Stage II Sacrum/Coccyx Wound. There was no entry observed on the Baseline Care Plan for "Impaired Skin integrity: Location."<br><br>Record review of the Order Summary Report revealed the physician's order "Cleanse stage II to sacrum/coccyx with wound cleanser, pat dry, apply calcium alginate and dry dressing daily and as needed," dated 12/30/22.<br><br>An interview and record review of the Order Summary Report and the Baseline Care Plan, on 1/10/22 at 10:20 AM. with the Director of Nursing (DON)/Treatment Nurse, confirmed Resident #156 was admitted to the nursing facility with a physician's order for care to a Stage II Sacrum/Coccyx Wound and confirmed the Baseline Care plan did not have a care plan developed for the Stage II Sacrum/Coccyx Wound. The DON/Treatment Nurse confirmed that the Baseline Care Plan only noted "At risk for impaired skin." The DON/Treatment Nurse confirmed a care plan, for Resident #156's Stage II Sacrum/Coccyx Wound, should have been developed.<br><br>An interview and record review of the resident's | F 655 | All residents have the potential to be affected.<br><br>Minimum date set (MDS) nurse in serviced on baseline plan of care accuracy on January 16, 2023, by Director of Nursing. Director of Nursing and MDS nurse reviewed admissions for last 30 days to check for resident baseline care plan accuracy beginning on January 17, 2023 and ending on January 20, 2023.<br><br>Director of Nursing and Registered Nurse supervisor to check daily orders to ensure care plan updates, beginning on January 17, 2023. Findings were brought to the Quality Assurance Performance Improvement Committee by Director of Nursing on January 17, 2023. Director of Nursing and Registered Nurse supervisor will continue monitoring of care plan updates, daily times two (2) weeks, then three (3) times per week for two (2) weeks, then weekly for three (3) months. Findings will be brought to the Quality Assurance Performance Improvement Committee by Director of Nursing, monthly for three (3) months beginning February 7, 2023 to determine effectiveness and make necessary changes as indicated. | |

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| F 655 | Continued From page 3 | F 655 | | |

Baseline Care Plan on 1/10/22 at 10:25 AM with Minimum Data Set (MDS)/Care Plan Nurse, confirmed that Resident #156 did not have a care plan developed for the Stage II Sacrum/Coccyx Wound that was present upon admission to the nursing facility on 12/30/22. The MDS/Care Plan Nurse revealed she must have missed the order when she initiated Resident #156's Baseline Care Plan. She confirmed she was responsible for developing the Baseline Care Plan, for the Stage II Sacrum/Coccyx Wound.

An interview on 1/10/23 at 10:33 AM, with the Administrator confirmed that Resident #156 should have had a Baseline Care Plan developed for the Stage II Sacrum/Coccyx Wound.

Record review of the "Admission Record", for Resident #156 revealed an admission date of 12/30/22.

Record review of the Diagnosis Report for Resident #156 revealed diagnoses that included Unspecified Protein-Calorie Malnutrition.

Resident #157

Record review of the "Order Summary Report" for Resident #157's physician orders revealed "Elevate legs in bed at all times. Every Shift."

Record review of the Baseline Care Plan for Resident #157 did not reveal a care plan developed for the physician's order "Elevate legs in bed at all times. Every Shift."

An interview and record review of the Order Summary Report and the Baseline Care Plan, for

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| F 655 | Continued From page 4 | F 655 | | |

Resident #157, on 1/11/23 at 03:00 PM, with the DON, confirmed the order "Elevate legs in bed at all times. Every Shift," dated 1/3/23, and confirmed there was not a care plan developed on the Baseline Care Plan for this order. She revealed that the care plan not being developed could have possibly contributed to the ordered care not being carried out for Resident #157. She noted that the MDS/Care Plan nurse was responsible to update the Baseline Care Plan. She confirmed that a Baseline Care Plan for the physician's order "Elevate legs in bed at all times. Every Shift," dated 1/3/23, should have been developed.

An interview and record review of the resident's Baseline Care Plan on 1/11/23 at 03:15 PM, with the MDS/Care Plan Nurse, confirmed that Resident #157 did not have a Baseline Care Plan developed for the physician's order "Elevate legs in bed at all times every shift," dated 1/3/23. She revealed that it was her responsibility to review Resident #157's chart weekly for new orders to update his Baseline Care Plan. The MDS/Care Plan Nurse revealed she must have just missed that physician's order. She confirmed Resident #157 should have had a Baseline Care Plan developed for the physician's order "Elevate legs in bed at all times. Every Shift," dated 1/3/22, to be implemented to assist with the care of the Left Lower Leg Wound.

An interview on 1/11/23 at 03:35 PM, with the Administrator confirmed that a Baseline Care Plan should have been developed, for Resident #157, from the physician's order "Elevate legs in bed at all times. Every Shift," dated 1/3/23.

Record review of the Admission Record for

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| F 655 | Continued From page 5<br>Resident #157 revealed an admission date of 12/30/22, and diagnoses of "Multiple Fractures of Ribs, Left Side, Sequela, Sarcopenia, History of Falling, and Localized Edema." | F 655 | | |
| F 656 SS=G | Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)(3)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for | F 656 | | 2/9/23 |

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| F 656 | Continued From page 6<br>future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, record review and facility policy review the facility failed to develop and implement a comprehensive care plan for three (3) of 22 residents care plans reviewed. Resident's #7, #22, and #32.<br><br>Findings include:<br><br>Record review of the facility policy titled, "Plans of Care" with a revision date of 09/25/2017 revealed under "Procedure ...develop and implement an individualized person-centered comprehensive plan of care by the interdisciplinary team that includes but is not limited to -the attending physician, registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of food and nutrition services staff, and other staff or professionals in disciplines as determined by the resident's needs or as requested by the resident, and, to the extent practicable, the participation of the resident and the resident representative(s) within seven (7) days after completion of the comprehensive assessment (MDS)". | F 656 | Comprehensive Care plan for resident #7, was updated by Minimum Data Set (MDS) nurse, on January 16, 2023. Resident #22 had weekly skin observation completed on January 10, 2023 by Registered Nurse. Resident #32 had nails trimmed on January 10, 2023, by certified nursing assistant (CNA). Shirt changed and bath/personal hygiene provided on January 10, 2023, by certified nursing assistant (CNA).<br><br>All residents have the potential to be affected.<br><br>MDS nurse in serviced on January 16, 2023 regarding completing and updating care plans accurately, by Director of Nursing. Director of Nursing and MDS nurse reviewed admissions for last 30 days to check for resident care plan accuracy beginning on January 17, 2023 and ending on January 20, 2023. | |

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| F 656 | Continued From page 7<br><br>Resident #7<br><br>Record review of Resident #7 care plans revealed the following care plan initiated 12/5 2019 revealed, "Focus: I have an ADL (Activity of Daily Living), Self-Care Performance Deficit related to confusion, impaired balance, limited mobility, and stroke...Goal: I will maintain current level of function in bed mobility, transfers, eating, dressing, toilet use and personal hygiene through the review date...Interventions/Tasks:...BATHING/HYGIENE: I am independent with no set up or physical help from staff for bathing/hygiene..."<br><br>An observation on 01/08/23 at 3:30 PM, revealed that Resident #7 was sitting up in his wheelchair in his room with long jagged nails on his right hand.<br><br>An observation on 01/09/23 at 4:25 PM, revealed that Resident #7 was sitting up in his wheelchair in his room with long jagged nails on his right hand.<br><br>An interview on 01/11/23 at 8:00 AM, with CNA #1 revealed he is responsible for doing Resident #7's nails. He revealed it was his fault that the resident's nails were long and needed trimming, because he thought the resident was a diabetic and the treatment nurse was going to do it. He revealed he should have looked at the resident's record to verify he was a diabetic. He revealed that Resident #7 had a stroke that affected his right side, so he cannot trim his own nails.<br><br>An interview on 01/11/23 at 9:20 AM, with the Minimum Data Set (MDS) LPN confirmed she is | F 656 | Director of Nursing and Registered Nurse supervisor to check daily orders to ensure care plan updates, beginning on January 17, 2023. Findings were brought to the Quality Assurance Performance Improvement Committee by Director of Nursing on January 17, 2023. Director of Nursing and Registered Nurse supervisor will continue monitoring of care plan updates, daily times three (2) weeks, then three (3) times per week for two (2) weeks, then weekly for three (3) months. Findings will be brought to the Quality Assurance Performance Improvement Committee by Director of Nursing, monthly for three (3) months beginning February 7, 2023 to determine effectiveness and make necessary changes as indicated. | |

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responsible for developing and updating the care plans based on the resident's orders. She confirmed that the purpose of the care plans was to provide information on how to take care of the residents, such as weight bearing and skin issues.
.
An interview on 01/11/23 at 11:00 AM, with the Director of Nurses (DON) confirmed that Resident #7 could not trim his own nails.

Record review of Resident #7's Admission Record indicated the resident was admitted to the facility on 09/19/19 with medical diagnoses that included Contracture of the right hand and Cognitive communication deficit.

Record review of Resident #7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD)of 12/31/22 revealed in Section C a Brief Interview for Mental Status (BIMS) of 06 , which indicates the resident is severely cognitively impaired.

Resident #22
Record review of Resident #22's care plans revealed the following care plan, revised 01/10/2023, "I am at risk for a potential skin problem ...DTI to left heel ...Goal: I will have no complications from ... DTI to left heel through the review date ...Interventions/Tasks ... I will have weekly skin observation by nurse. Date initiated: 07/15/2022."

In an interview on 01/10/23 at 7:50 AM, with the DON confirmed that there was a written progress note dated 12/11/22 that Resident #22's left heel Deep Tissue Injury (DTI) was first discovered.

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Interview with the DON on 01/10/23 at 9:08 AM, confirmed the residents care plans are developed and updated by the MDS-LPN (Licensed Practical Nurse) based on MDS assessments and new orders. She revealed the purpose of the care plans are to provide instructions for care for the resident's and the care plans are accessible by all nurses and CNA's.

An interview on 01/10/23 at 3:00 PM, with the DON confirmed that Resident #22's last weekly body audit was in 11/22.

An interview on 01/10/23 at 3:09 PM, with LPN #4 revealed that the care plan's purpose are to give us guidance on the care of the resident.

Record review of Resident #22's Admission Record sheet revealed the resident was admitted to the facility on 03/20/18 with medical diagnoses that included Type 2 Diabetes Mellitus, Morbid obesity and Unspecified abnormalities of gait and mobility.

Record review of Resident #22's Wound-Weekly Observation Tool revealed that the resident had not had a weekly body audit since 11/26/22.

Resident #32

A record review of the Care plan with an onset date of 12/17/2018 and a revision date of 08/20/19, "I have an ADL Self Care Performance Deficit r/t (related to) Limited Mobility***I have Hemiplegia which increases dependency on staff for ADL completion... Interventions/Tasks... Bathing/Hygiene : I require extensive assistance x (times) one person physical assist with bathing

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and hygiene..."

An observation of Resident # 32 on all three shifts during the survey revealed, resident with long nails with dark substance under the nail beds, a dried orange substance in beard and wearing a white stained shirt.

Record review of Resident # 32's care guide revealed fourteen shifts with no documentation of showers and fifteen shifts of documented Not applicable /Not available for the month of January 2023 and has fifteen shifts of with no documentation of personal hygiene. Record review revealed Resident # 32 has not been documented out of the facility.

An observation and interview with the DON on 1/10/23 at 07:37 AM, confirmed Resident #32's finger nails were long with brown substance under the nails, the resident was wearing a dirty stained white shirt and beard was long and unkept.

A record review of Resident #32's Admission Record revealed she was admitted 12/08/2018 with diagnosis which include, Hemiplegia and Hemiparesis following a Cerebral Infarction the right dominant side.

A record review of Resident # 32's MDS with an ARD of 11/24/2022 revealed in Section C a BIMS score of 4, indicating severely impaired for decision making.

An interview on 01/11/23 at 11:30 AM, with the Administrator confirmed that each resident needs a comprehensive care plan developed and implemented because that is what tells us what

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| F 656 | Continued From page 11<br>we need to do to care for the resident. | F 656 | | |
| F 677 SS=E | ADL Care Provided for Dependent Residents<br>CFR(s): 483.24(a)(2)<br><br>§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;<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff and resident interviews, record reviews and facility policy review the facility failed to provide showers, shaving and nail care for six (6) of 54 residents reviewed for activities of daily living. Resident # 7, Resident # 13, Resident #32, Resident # 37, Resident # 156, Resident # 157<br><br>Findings include:<br><br>A review of the facility policy titled "Bathing/Showering" with a revision date of 4/20/2022 revealed "Policy The resident preferences on bathing/showering will be reviewed and identified upon admission, including frequency, and other preferences..."<br><br>A review of the facility policy titled "Shaving Residents" with a revision date of 9/5/2017 revealed the policy did not address the frequency of shaving.<br><br>A review of the facility policy titled "Care of Nails" with a revision date of 9/1/2017 revealed the policy did not address the frequency of nail care.<br><br>Resident #7 | F 677 | On January 10, 2023, Resident #7 had toenails trimmed by Certified Nursing Assistant. On January 10, 2023, Resident #13 was showered by Certified Nursing Assistant. On January 10, 2023, Resident #32 was showered, nails trimmed, and shirt changed, by Certified Nursing Assistant. On January 10, 2023, Resident #37 refused shower but agreed to and received bed bath. On January 11, 2023, Resident #156 refused haircut and refused again on February 6, 2023. On January 11, 2023, Resident #156 was shaved and fingernails and toenails trimmed, by Certified Nursing Assistant.<br><br>All residents have the potential to be affected.<br><br>All residents were observed for nail care, by Certified Nursing Assistant on January 10, 2023 with nails trimmed for residents identified. Director of Nursing assessed all residents for nail care on February 2, 2023 with nail care provided to residents identified. All residents were observed for ADL care, to include facial hair on January 10, 2023 by Activity Director with | 2/9/23 |

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| F 677 | Continued From page 12<br>An observation on 01/08/23 at 3:30 PM, revealed Resident #7 sitting up in his wheelchair in his room with long jagged nails on his right hand.<br><br>An observation on 01/09/23 at 9:22 AM, revealed Resident #7 sitting up in his wheelchair in his room with long jagged nails on his right hand.<br><br>An observation on 01/09/23 at 4:25 PM, revealed Resident #7 sitting up in his wheelchair in his room with long jagged nails on his right hand.<br><br>An observation and interview on 01/10/23 at 6:10 AM, with Licensed Practical Nurse (LPN) #2 confirmed that Resident #7 had long jagged fingernails and they needed to be trimmed. She revealed the purpose for trimming the resident's nails was to prevent infection and injury from scratches and she was not sure why they had not been trimmed.<br><br>An interview and observation on 01/10/23 at 11:40 AM, revealed Certified Nurse Assistant (CNA) #2 trimming Resident #7's nails. She confirmed that the resident's nails were too long.<br><br>An interview on 01/11/23 at 7:30 AM, with LPN #3 revealed that nails need to be trimmed to prevent skin issues and infection control issues. She revealed if the resident is not a diabetic then the CNAs are responsible for trimming the resident's nails as needed. She confirmed that Resident #7 is not a diabetic and the plan of care is in the resident's paper record which the CNA's have access to.<br><br>An interview on 01/11/23 at 7:45 AM, with LPN #4 revealed that nails need to be trimmed to prevent infections and the plan of care is on the record for | F 677 | shower/bath, shave, and hair washed for residents identified. All nursing staff in-serviced on bathing, showering, and nail care, by Director of Nursing, beginning on January 16, 2023. Director of Nursing completed Bath schedule and placed at nurse□s station. Each shift the staff nurses will complete a bath list from the bath schedule for the Certified Nursing Assistants informing them of baths (to include bathing, shaving, washing hair and nail care) scheduled for the shift. The staff nurse will ensure bath has been completed and sign the bath list. On February 3, 2023, Podiatrist made facility rounds, providing nail care to residents identified. Beginning on February 3, 2023, Director of Nursing in-serviced nurses and certified nursing assistants on how to add a resident to podiatry list and where the list is located. On February 3, 2023, Director of Nursing placed a Podiatry List at the nurse□s station. Staff will add any resident needing a referral to the Podiatrist to the list.<br><br>Activity Director will perform rounds three (3) times per week for four (4) weeks, then monthly times three (3) months, to observe showers, nail care, hair care, and facial hair, beginning on January 10, 2023. Findings will be brought to the Quality Assurance Performance Improvement Committee Meeting by Activity Director beginning on February 7, 2023 and will continue monthly times three (3) months to determine the effectiveness and make any necessary changes as indicated. | |

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any staff to see. She revealed the CNA's can look at the resident's record to see if they are a diabetic.

An interview on 01/11/23 at 8:00 AM, with CNA #1 revealed he is responsible for doing Resident #7's nails. He revealed it was his fault that the resident's nails were long and needed trimming, because he thought the resident was a diabetic and the treatment nurse was going to do it. He revealed he should have looked at the resident's record to verify he was a diabetic. He revealed that Resident #7 has had a stroke that affected his right side, so he cannot trim his own nails.
.
An interview on 01/11/23 at 11:00 AM, with the Director of Nurses (DON) confirmed that Resident #7 could not trim his own nails.

Record review of Resident #7's Admission Record indicated the resident was admitted to the facility on 09/19/19 with medical diagnoses that included Contracture of the right hand and Cognitive communication deficit.

Record review of Resident #7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD)of 12/31/22 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 06 which indicates the resident has severe cognitive impairment.

Resident #13

An interview with Resident #13's daughter on 01/09/23 at 10:10 AM, revealed that her mother goes multiple days without showers. She stated that her mother wore the same gown last week on Friday and Saturday and then on Sunday staff

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came in and changed her gown but did not bathe her. She states they do not have enough staff to take care of the residents. She stated the resident's legs were discolored and when she wiped her leg it was brown like dirt. Resident #13's daughter stated she verbalized her concerns to the Minimum Data Set (MDS) Nurse.

A review of the Documentation Survey Report v2 revealed Resident #13 had not had a shower or bath from 1/1/23 through 1/10/23.

An interview on 01/10/23 at 7:25 AM, with CNA #1 revealed that many times there are only two (2) CNAs on duty so residents may not get a shower, but he tries to give them a good bed bath.

An interview on 1/10/23 at 7:30 AM, the MDS nurse stated that she did receive a concern from Resident #13's daughter regarding not receiving showers. The MDS nurse stated that she addressed the concerns with the Certified Nursing Assistants (CNAs).

A record review of Resident #13's Admission Record revealed she was admitted to the facility on 9/30/2011 with diagnoses which included Cerebral Infarction, Hemiplegia unspecified, affecting right dominant side.

A record review of Resident #13's MDS with an Assessment Reference Date (ARD) of 12/15/2022 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 3 , indicating severe cognitive impairment and extensive assistance for bathing in Section G, Functional Status.

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Resident #156

An observation and interview on 1/9/23 at 11:28 AM, with Resident #156 revealed his hair was oily, disheveled, approximately six (6) inches long, extending halfway over his ears and a full beard that was approximately one (1) and a half (1/2) inches long. Resident #156's toenails were approximately 1/2 inch long and were curving over the ends of his toes on both feet. Resident #156's fingernails were approximately 1 third (1/3) of an inch long, extending above the tips of his fingers on both hands, and had a build-up of a black substance under each fingernail on both hands. Resident #156 revealed he wanted his hair washed and cut, he wanted his toenails cut, his fingernails cleaned and cut, and the hair shaved from his face. Resident #156 revealed he did not like looking like this, he liked being well groomed and that no staff had offered to help him with this personal care. He revealed he had not had a full bath or shower since admission to the nursing center.

An observation and interview on 1/9/23 at 4:25 PM, with Resident #156 revealed his appearance was the same as the observation at 11:28 AM. Resident #156 revealed he did not normally look this way and he was not satisfied with the level of help he was getting from the nursing staff with his personal care needs. He revealed a CNA had been in his room but did not offer to give him a full bed bath or shower.

An observation and interview in Resident #156's room on 1/10/23 at 9:35 AM, with the Director of Nursing (DON) and the Administrator (ADM)

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confirmed Resident #156's hair was oily, disheveled and long over his ears. They confirmed he had a full beard, approximately 1/2 inches long, his toenails were approximately 1/2 an inch long and curved over the ends of his toes on both feet. They confirmed his fingernails were approximately 1/3 an inch long, extending above the fingertips on both hands, with a build-up of a black substance under each fingernail on both hands. Resident #156 informed the DON and ADM that he did not want long, oily hair, a beard, long, dirty fingernails and long toenails. Resident #156 informed the DON and ADM that no nursing staff member offered to wash or cut his hair, to shave him, to cut or clean his fingernails or toenails, or to give him a full bed bath or shower since he was admitted to the nursing facility and that he wanted to be groomed. The DON confirmed that Resident #156 was not being provided adequate activities of daily living (ADL) care by the nursing facility and he should have received personal care from the nursing staff on the day of admission and the facility was not providing adequate ADL care to the resident according to the resident person-centered needs and requests for service.

An observation and interview on 1/10/23 at 4:00 PM, with Certified Nursing Aide (CNA) #4, that worked 7-3 shift. CNA #4 confirmed Resident #156's hair was oily disheveled, long, over his ears a full beard, his toes were long and curved over the ends of his toes on both feet, and his fingernails were long on both hands with a dark substance built up under each fingernail. State Agency (SA) observed as CNA #4 ask Resident #156 if he remembered when she asked if he wanted to be shaved on 12/31/22 and he informed her that no staff had asked him if he

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wanted his hair washed or cut, shaved clean or cut his fingernails or toenails. CNA #4 revealed she did not remember if she had bathed or showered Resident #156 and confirmed he needed assistance grooming his hair, beard, fingernails and toenails and needed a bath.

An observation and interview on 1/10/23 at 4:05 PM, with CNA #5 revealed she partners with CNA #4 with Resident #156's care and confirmed he needed personal care and grooming.

Record review of the Documentation Survey Report, for Resident #156, revealed he did not have a bath or shower documented as being completed on the days of January 1, 4, 5, 6, 7, 2023.

Record review of the Admission Record for Resident #156 revealed an admission date of 12/30/22.

Record review of the Diagnosis Information for Resident #156 revealed diagnoses that included Unspecified Protein-Calorie Malnutrition.

Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/6/23, for Resident #156 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident is cognitively intact.

Resident #157

An observation on 1/9/23 at 2:41 PM, with Resident #157 revealed his hair to be 12 inches long, tangled, matted to the back of his head, disheveled, and greasy, his beard was

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approximately nine (9) inches long, extending down to his chest. Resident #157's fingernails were approximately one fourth (1/4) inches long, with a build-up of a black substance underneath each fingernail on both hands. His toenails were approximately 1/2 inches long, extending above the end of each toe on both feet. Resident #157 noted he wanted his hair washed and combed out, if possible, he did not usually wear his beard this long and really wanted it to be cut and shaped. Resident revealed he would like the nursing facility staff to clean and cut his fingernails and toenails but will not go out to an appointment because it hurts his broken ribs to travel. He revealed he wanted to get groomed and no nursing staff member had offered to wash or comb his hair, offered to cut his beard, offered to cut or clean his fingernails, or offered to cut his toenails.

An observation and interview on 1/9/23 at 4:29 PM, with Resident #157 revealed his physical appearance had not changed since the observation at 2:41 PM. Resident #157 revealed a CNA had been in his room but did not offer to assist with washing or combing his hair, cut his beard, cut or clean his fingernails or toenails.

An observation and interview on 1/10/23 at 9:40 AM, with the DON and the ADM confirmed that Resident #157's hair was long, tangled, and matted on the back of his head, disheveled, and greasy. They confirmed his beard was long and extended down to his chest, his fingernails were long, with a black residue underneath every fingernail, and his toenails were long, extended above the end of each toe on both feet. The SA observed Resident #157 as he informed the DON and ADM that he believed his hair will have to be

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cut off because it was matted to his head and too tangled to comb out and informed them that he did not like for his beard, fingernails and toenails to be long. The DON noted that Resident #157 was not a diabetic and should have received assistance from nursing staff to have his fingernails and toenails cut. The DON noted Resident #157 should have been receiving personal grooming beginning at the time of his admission to the nursing facility and confirmed that the facility was not providing adequate, person-centered ADL Care. The ADM confirmed that the resident was not being provided adequate care by the nursing facility.

An observation and interview on 1/10/23 at 4:05 PM, with CNA #4 confirmed that Resident #157's hair was approximately 12 inches long, tangled, matted, disheveled and greasy, his beard was long, extended down to his chest, his fingernails appeared to be approximately 1/4 inches long, with black residue underneath every fingernail, and his toenails were approximately 1/2 inches long, extending above the end of each toe on both feet. The SA observed Resident #157 as he informed CNA #4 he did not remember any staff offering to cut his beard. CNA #4 revealed she could not recall an offer to cut or clean the resident's fingernails or toenails and did not recall an offer to give him a bed bath or shower. CNA #4 did confirm Resident #157 needed care to his hair, beard, fingernails, toenails and needed a bath.

An observation and interview on 1/10/23 at 4:05 PM, with CNA #5 revealed she partners with CNA #4 to provide care for Resident #157 and confirmed the resident's hair was long, tangled, matted, disheveled, and greasy, his beard was

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long and extended down to his chest, his fingernails were long with black residue underneath every fingernail on both hands and his toenails were long and extended above the end of each toe on both feet. CNA #5 confirmed she did not offer to wash or comb Resident #157's hair, cut or clean his fingernails or toenails, and provide him with a bed bath or shower.

Record review of the Admission Record for Resident #157 revealed an admission date of 12/30/22, and had diagnoses that included "Multiple Fractures of Ribs left Side, Sequela, Sarcopenia, History of Falling and Localized Edema."

Record review of the Documentation Survey Report, for Resident #157 revealed that no bed bath or shower was documented as being completed on the days of January 1, 4, 5, 6, and 7, 2023. No documentation was provided by the nursing facility for December 30-31, 2022.

Record review of the Admission/five day MDS with an ARD of 1/6/23 revealed a BIMS score of 10 that indicates the resident has moderately impaired cognition.

Resident #32

An observation on 1/08/23 at 4:00 PM, revealed Resident #32 with a long white beard that was unkept, with a dried orange substance in his beard, nails long with a brown substance under them and wearing a white shirt with stains around the neckline.

An observation on 1/09/23 at 09:39 AM, revealed

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Resident # 32's beard remains with dried orange substance in his beard and nails remain long with a brown substance underneath the nails and still wearing a white shirt with stains.

An observation on 1/10/23 at 7:00 AM, revealed Resident # 32 wearing a white shirt with stains around the neck and nails remain long with brown substance under nail beds.

An observation and interview on 1/10/23 at 7:37 AM, of Resident # 32 with the Director of Nursing (DON) confirmed Resident #32's fingernails were long with a brown substance under the nails and the resident was wearing a dirty stained white shirt and his beard was long and unkept.

Record review of Resident # 32's Documentation Survey Report V2 revealed no documentation of baths given for the month of January 2023 and 15 shifts from January 1 through January 10th with missing documentation for personal hygiene.

A record review of Resident #32's Admission Record revealed he was admitted 12/08/2018 with diagnoses which include, Hemiplegia and Hemiparesis following a Cerebral Infarction on the right dominant side.

A record review of Resident # 32's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/24/2022 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 4, indicating severely impaired for decision making.

Resident #37

During an interview with Resident #37 on 1/8/23 at 3:15 PM, revealed she had not had a bath the

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| F 677 | Continued From page 22<br>previous week and has complained to her nurse about not getting a bath but does not recall which nurse it was.<br><br>A record review of the Documentation Survey Report v2 revealed Resident #37 has received no showers or bed baths from 1/1/2023 through 1/10/2023.<br><br>During an interview with Licensed Practical Nurse #1 (LPN) on 1/10/23 at 6:10 AM, she revealed the CNAs do not have enough time to give showers.<br><br>A record review of Resident's #37's Admission Record revealed she was admitted to the facility on 10/29/2019 with diagnoses which included Hemiplegia and Hemiparesis following cerebral infarction affecting right dominant side.<br><br>A record review of Resident's #37's MDS with an ARD of 10/20/2022 revealed in Section C a BIMS score of 7 indicating severe cognitive impairment and total dependence for bathing in Section G, Functional Status.<br><br>During an interview on 01/10/23 at 1:00 PM, the Director of Nursing (DON) and the Corporate Nurse revealed that staffing shortages were the main reason residents may not be getting nail care and showers. They both revealed that resident's not getting showers and nail care can lead to medical issues and concerns. | F 677 | | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to | F 684 | | 2/9/23 |

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| F 684 | Continued From page 23<br>facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff and resident interviews and record review, the facility failed to position a resident as ordered by the physician for one (1) of four (4) residents with positioning devices. Resident #157<br><br>Findings include:<br><br>Review for the nursing facility policy related to Positioning revealed the nursing facility did not have a policy for Positioning. The Administrator provided a signed letter on the nursing facility's letterhead, that revealed, "This statement is being made in response to a request made by surveyors on 01/11/2023, for our facility to provide a specific policy for positioning to them during the Annual Survey process that started here on 01/08/2023. We are currently unable to provide the above requested information/documentation, due to being unable to locate said information/documentation."<br><br>An observation on 01/09/23 at 09:10 AM, revealed Resident #157 had a wound dressing on his left lower leg and his feet rested on top of a folded flat sheet.<br><br>An observation and interview on 1/9/23 at 04:10 PM, revealed the folded flat sheet had been removed. Resident #157 revealed the staff use to put his legs up on pillows but could not remember | F 684 | On January 10, 2023, Resident #157 had bilateral lower legs elevated, by Certified Nursing Assistant. On January 10, 2023, Resident provided an electric bed to keep lower extremities elevated.<br><br>All residents have the potential to be affected.<br><br>Director of Nursing observed all residents for positioning, on January 17, 2023, with no additional findings. Director of Nursing in-serviced all nursing staff on position beginning on January 16, 2023.<br><br>Monitoring began on January 17, 2023 by Director of Nursing. Findings were brought to the Quality Assurance Performance Improvement Committee by Director of Nursing on January 17, 2023. Director of Nursing will monitor positioning weekly times three (3) weeks. Findings will be brought to the Quality Assurance Performance Improvement Committee by Director of Nursing beginning on February 7, 2023, then monthly times three (3) months to determine effectiveness and make necessary changes as indicated. | |

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| F 684 | Continued From page 24 | F 684 | | |

the last day his legs were elevated.

An observation and interview on 1/10/23 at 09:45 AM, with the Director of Nursing (DON) and the Administrator, confirmed resident's legs were not elevated while in bed. The DON revealed due to Resident #157 having left lower leg wounds, he did need to have his legs elevated in the bed to avoid the likelihood of further decline and increased injury to wounds. The DON confirmed the staff should have been following the physician orders to elevate Resident #157's legs in the bed to ensure his care needs were being met. The Administrator confirmed Resident #157 was not receiving all care needed from the nursing facility and he should have had this care done daily according to the physician's orders for care.

An observation and interview on 1/10/23 at 04:20 PM, with Certified Nurse Aide (CNA) #4, confirmed Resident #157's legs were not elevated while he was in bed and that she was not aware his legs had to be elevated while in bed.

Record review of the "Order Summary Report" for Resident #157 revealed, "Elevate legs in bed at all times. Every Shift."

Record review of the Admission Record for Resident #157 revealed an admission date of 12/30/22, and diagnoses that included Multiple Fractures of Ribs, Left Side, Sequela, Sarcopenia, History of Falling, and Localized Edema.

Record review of the Admission/5-Day Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 1/6/23, for Resident

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| F 684 | Continued From page 25<br>#157 revealed a Brief Interview for Mental Status (BIMS) score of 10 indicating that Resident #157 has moderately impaired cognition. | F 684 | | |
| F 686 SS=G | Treatment/Svcs to Prevent/Heal Pressure Ulcer<br>CFR(s): 483.25(b)(1)(i)(ii)<br><br>§483.25(b) Skin Integrity<br>§483.25(b)(1) Pressure ulcers.<br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff interviews, record reviews and facility policy review the facility failed to promote healing of pressures ulcers and prevent new ulcers from developing for one (1) of five (5)residents reviewed for pressure ulcers, Resident #22.<br><br>Findings Include:<br><br>Record review of the facility policy titled, " Skin and Wound" with a revision date of 01/24/22 revealed under "Policy ...To promote a system for identifying risk, and implementing resident centered interventions to promote skin health, prevention and healing of pressure injuries". This review revealed under "Process: Pressure Injury | F 686 | On January 10, 2023, resident # 1, 22, and 29 Pressure Ulcers evaluated, and weekly skin assessment completed, by Registered Nurse.<br><br>All residents have the potential to be affected.<br><br>Skin observations for all residents completed on January 10, 2023. All identified Pressure Ulcers were evaluated and weekly wound assessment completed, by registered nurse, on January 10, 2023. On January 10, 2023, Regional Clinical Nurse, in serviced Director of Nursing (DON) on weekly | 2/9/23 |

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| F 686 | Continued From page 26<br>Prevention ...#3 Nurse to complete skin evaluation weekly and prior to transfer/discharge and document in the medical record and under Skin Impairment Identification #1. Document presence of skin impairment(s)/new skin impairment(s), when observed and weekly until resolved".<br><br>Resident #22<br>An interview on 01/09/23 at 09:19 AM, with Resident #22 revealed that he has a sore on his left heel that the staff have told him is a blister. He revealed the staff have to help him get out of bed and into his wheelchair, but he usually gets up every day and pushes his wheelchair with his hands. An observation at this time revealed the resident had socks on his feet.<br><br>An interview on 01/10/23 at 7:40 AM, with the Director of Nursing (DON) confirmed that Resident #22 had a pressure ulcer that was facility acquired on his left heel and first discovered on 12/11/22. She revealed the resident has to be turned by the staff, but he can assist. She confirmed that Resident #22 did not have any preventative measures in place prior to the development of his left heel pressure ulcer, except turning every 2 hours. She revealed she is responsible for wound treatments, but does have an agency Registered Nurse (RN) that comes in at night some and a As Needed (PRN) RN that works a few days a month and both of those RN's help with wound treatments. She confirmed that there are 25 wound treatments due today.<br><br>An observation and interview on 01/10/23 at 7:45 AM, with the DON revealed Resident #22 was lying in bed, feet pushed against the foot board, | F 686 | completion of pressure ulcer evaluations. On January 11, 2023, Director of Nursing began in-services for all nurses to complete weekly skin observations on all residents.<br><br>Monitoring began on January 17, 2023 by Administrator and Director of Nursing. Findings were brought to the Quality Assurance Performance Improvement Committee by Director of Nursing on January 17, 2023. Administrator and Director of Nursing will monitor completion of Pressure ulcer evaluations three (3) times per week times four (4) weeks, then weekly times three (3) months. Weekly Skin observation monitoring, by Director of Nursing began January 16, 2023, daily for four (4) weeks, then weekly for three (3) months. Findings will be brought to the Quality Assurance Performance Improvement Committee by Administrator and Director of Nursing beginning on February 7, 2023, then monthly times three (3) months to determine effectiveness and make necessary changes as indicated. | |

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| F 686 | Continued From page 27 | F 686 | | |

no heel protectors and heels not floated. The DON revealed his heel protectors may have been sent to laundry, but she would get him some more. The DON confirmed that the resident's feet were pushed up against the footboard and he needed a pad or bed extender on his bed to keep his feet from pushing up against the footboard.

An interview on 01/10/23 at 3:00 PM, with the DON confirmed that Resident #22's last weekly body audit was in November, 2022. She revealed there is no formal documentation of wound assessments with measurements. She revealed the resident's wound measurements are on scrap pieces of paper and notebook paper stuck on the wall and her desk with not all having names and dates. She revealed that if the weekly body audits had been done then these wounds could have been caught at an earlier stage.

An observation on 01/10/23 at 3:40 PM, revealed Registered Nurse (RN) #1 perform the ordered treatment to Resident # 22's left heel along with obtaining a measurement. This observation revealed the wound measured 5.0 centimeters (cm) x 6.2 cm x 0.0 cm with black scar tissue present and no drainage.

Record review of Resident #22's Admission Record revealed the resident was admitted to the facility on 03/20/18, with medical diagnoses that included Type 2 Diabetes Mellitus, Morbid Obesity and Unspecified Abnormalities of Gait and Mobility.

Record review of Resident #22's "Braden Scale for Predicting Pressure Ulcer Risk" dated 07/11/22 revealed a score of nine (9), which indicates the resident is Very High Risk for

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| F 686 | Continued From page 28<br>Pressure Ulcers.<br><br>Record review of the residents written progress notes revealed that Resident #22's left heel Deep Tissue Injury (DTI) was discovered on 12/11/22.<br><br>Record review of Resident #22's Wound-Weekly Observation Tool revealed that the resident had not had a weekly body audit since 11/26/22.<br><br>Record review of Resident # 22's physician's orders revealed Resident #22 did not have any preventative measures ordered prior to the development of his left heel DTI that was discovered on 12/11/22.<br><br>Record review of Resident #22's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/12/22, revealed in Section C a Brief Interview for Mental Status (BIMS) score of 12, which indicates the resident is cognitively intact and in Section M it revealed that the resident did not have a pressure ulcer but was at risk of developing one. | F 686 | | |
| 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 | F 690 | | 2/9/23 |

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| F 690 | Continued From page 29<br>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<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 observations, staff and resident interviews, record reviews and facility policy review the facility failed to prevent a resident from obtaining a urinary catheter without a physician's order for one (1) of three (3) residents reviewed. Resident # 35<br><br>Findings include:<br><br>Record review of the policy titled, "Physician Orders ", revised 3/3/21, revealed : The facility will ensure that Physician orders are appropriately timely documented in the medical record. | F 690 | On January 10, 2023, Resident #35 catheter discontinued per Doctor Order, by Director of Nursing.<br><br>All residents have the potential to be affected.<br><br>Director of Nursing, in serviced all staff on catheters and following md orders, beginning on January 16, 2023 and ending January 18, 2023. Director of Nursing checked orders for all catheters on January 11, 2023, with no additional findings. | |

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| F 690 | Continued From page 30<br>An observation and interview on 1/08/23 at 10:16 AM, revealed a catheter hanging beside Resident #35's bed. Resident #35 revealed she does not know why she has a tube in her bladder.<br><br>An observation on 1/10/23 at 7:49 AM, revealed a catheter bag hanging beside the bed in a privacy bag.<br><br>An observation and interview with the Director of Nursing (DON) on 1/10/23 at 10:01 AM , confirmed Resident #35 does have an indwelling catheter and verified she cannot find an order for the catheter.<br><br>An interview with Licensed Practical Nurse (LPN) # 4 on 1/10/23 at 12:45 PM, verified she believed resident had catheter about a week but not sure of reason.<br><br>An interview with the Administrator (ADM) on 01/10/23 at 12:56 PM, confirmed that a possible complication of having an indwelling catheter is an infection.<br><br>An interview with the Director of Nursing on 1/10/23 at 1:00 PM, revealed a possible complication of having an indwelling catheter is an infection and confirmed Resident #35 was having no symptoms and did not have an order for a urinary catheter .The DON confirmed she received an order to remove the indwelling catheter and monitor for signs and symptoms of retention and urinary tract infection.<br><br>An interview with LPN #4 on 1/11/23 at 08:28 AM, confirmed the catheter was removed and Resident #35 is being monitored for any concerns. | F 690 | Director of Nursing began monitoring catheters on January 17, 2023. Findings were brought to the Quality Assurance Performance Improvement Committee by the Director of Nursing on January 17, 2023. Director of Nursing to monitor catheters weekly for three (3) weeks, then monthly times three (3) months. Findings to be brought to the Quality Assurance Performance Improvement Committee beginning on February 7, 2023, then monthly times three (3) months to determine effectiveness and make necessary changes as indicated. | |

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| F 690 | Continued From page 31<br><br>A record review of the Physician's Orders revealed no order for an indwelling foley catheter.<br><br>A record review of the progress notes for the last month revealed no documentation of the indwelling catheter.<br><br>A record review of Resident # 35's Admission Record revealed she was admitted 11/12/21 with diagnoses which include, Cerebral Infarction due to embolism of left posterior cerebral artery. Hemiplegia and Hemiparesis following Cerebral Infarction.<br><br>Record review of the Quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 12/27/2022 revealed Resident # 35 had a Brief Interview for Mental Status (BIMS) of 14 indicating, Resident #35 was cognitively intact. | F 690 | | |
| F 725 SS=F | Sufficient Nursing Staff<br>CFR(s): 483.35(a)(1)(2)<br><br>§483.35(a) Sufficient Staff.<br>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).<br><br>§483.35(a)(1) The facility must provide services | F 725 | | 2/9/23 |

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| F 725 | Continued From page 32<br>by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:<br>(i) Except when waived under paragraph (e) of this section, licensed nurses; and<br>(ii) Other nursing personnel, including but not limited to nurse aides.<br><br>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff and resident interviews, record review, and facility policy review, the facility failed to ensure that there were sufficient nursing staff in the facility to provide adequate care and assistance for residents for three (3) of four (4) days of survey.<br><br>Findings include:<br><br>Cross reference F677.<br><br>Review of the PBJ Staffing Data Report revealed for Fiscal Year Quarter 4 2022 (July 1-September 30) revealed the facility triggered for one star staffing Rating and for Excessively Low Weekend Staffing.<br><br>Record review of a typed document on facility letterhead, undated, and signed by the facility Administrator revealed, ..."We are currently unable to provide the above requested information/documentation, due to not having said policy." | F 725 | Administrator and Director of Clinical services confirmed adequate staffing, on January 11, 2023, to provide adequate care and assistance for residents.<br><br>All residents have the potential to be affected.<br><br>Director of nursing and Administrator were in-serviced on January 11, 2023 on ensuring staffing is adequate to provide care to the residents, by Regional Clinical Nurse. Beginning January 11, 2023 Director of Nursing and Administrator began monitoring daily staffing to ensure adequate staff are available to assist residents. All staff in-serviced, beginning January 16, 2023, on notifying Director of nursing or Administrator of call offs to ensure adequate staff are in the center, to provide adequate care and assistance for residents. | |

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| F 725 | Continued From page 33<br>An entrance interview with the Director of Nursing (DON) and the Administrator (ADM) on 1/08/23 at 3:30 PM, revealed the DON is also working as the Infection Control Nurse, Staffing Nurse and Floor Nurse if needed. The ADM confirmed they are actively trying to hire staff and that she had only been employed at the facility for one week.<br><br>During an interview with Licensed Practical Nurse (LPN) #1 on 1/9/23 at 3:35 PM, she stated that she usually works the 11 PM to 7 AM shift, but since they have been so short staffed she has been coming in at 3:00 PM and usually works three (3) extra shifts from 3 PM to 11 PM every week.<br><br>An interview on 01/10/23 at 5:30 AM, with CNA #3, revealed there were 3 CNA's on duty for 11PM to 7 AM shift last night, and there are only two (2) CNAs that are direct hires of the facility for 11 PM-7 AM shift and they fill in with agency staff. CNA #3 revealed there have been times where there were only one (1) CNA on duty for 11 PM-7 AM and times where there were only 2 CNAs for that shift. She revealed that when they have just 2 CNAs on duty they do not give showers, because they don't have time to do that and their rounds. CNA #3 revealed they always make sure the residents are turned and changed as close to every 2 hours, no matter how many CNAs are on duty. She revealed she pulls a double shift about 3 days per week because they are short staffed.<br><br>An interview on 01/10/23 at 6:02 AM, with LPN #5, revealed there were 2 LPNs and 3 CNAs on duty for this 11 PM-7 AM shift. She revealed the least amount of CNAs she has had on this shift is 2 since she has been here the last 3-4 weeks. She revealed she does not feel like they have | F 725 | Beginning on January 11, 2023, staffing will be monitored daily for compliance by Administrator and Director of Nursing. In the event of staffing shortages, the Administrator and Director of Nursing will be notified by staff. The Administrator and Director of Nursing will be responsible for calling staff to come in or arrange staff to stay over to cover the next shift. Monitoring staff will be ongoing and reports will be made monthly to the Quality Assurance Performance Improvement Committee beginning February 7, 2023. | |

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|---|---|---|---|
| | 255294 | A. BUILDING _____ B. WING _____ | 01/11/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GREENBOUGH HEALTH AND REHABILITATION CENTER | 340 DESOTO AVE EXTENDED CLARKSDALE, MS 38614 |

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| F 725 | Continued From page 34 | F 725 | | |

enough staff on duty when there are only 2.

An interview on 01/10/23 at 7:25 AM, with CNA #1, revealed that they are supposed to have four (4) CNAs on the day shift , but that sometimes it is just 2. CNA #1 revealed the residents may not get a shower, but he tries to give them a good bed bath. He revealed we do need more staff and I hope they get us some, because we are doing the best we can.

During an interview on 01/10/23 at 7:40 AM, with the Director of Nursing (DON) revealed she is responsible for wound treatments, but does have an agency Registered Nurse (RN) that comes in at night some and a PRN (As Needed) RN that works a few days a month and both of those RN's help with wound treatments. She confirmed that there are 25 wound treatments due today.

An interview with the ADM on 01/10/23 at 8:40 AM, revealed she has contacted the corporate office about halting admissions due to low staffing, and confirmed when the facility is low on staff there is no possible way they can provide all the care they are supposed to with the current census.

An interview on 01/10/23 at 11:06 AM, with the DON, the Minimum Data Set (MDS)/Careplan Nurse, Corporate Nurse and ADM all confirmed they need more staff. They confirmed that they felt like they did not have enough staff to take care of the number of residents they currently have. The ADM revealed they had two new admissions coming today. All four (4) revealed they have no control over halting admissions, that would be a corporate decision.

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| F 725 | Continued From page 35<br>An interview on 01/10/23 at 1:00 PM, with the DON and Corporate Nurse revealed that staffing shortages were the main reason residents may not be getting nail care and showers. They revealed that resident's are not getting showers and nail care.<br><br>An interview on 01/11/23 at 9:34 AM, with the DON, ADM and the Corporate Nurse confirmed that according to the past 14 days on the staffing grid, the facility had been short a lot. | F 725 | | |
| F 803 SS=E | Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)<br><br>§483.60(c) Menus and nutritional adequacy. Menus must-<br><br>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;<br><br>§483.60(c)(2) Be prepared in advance;<br><br>§483.60(c)(3) Be followed;<br><br>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;<br><br>§483.60(c)(5) Be updated periodically;<br><br>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and<br><br>§483.60(c)(7) Nothing in this paragraph should be | F 803 | | 2/9/23 |

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| F 803 | Continued From page 36<br>construed to limit the resident's right to make personal dietary choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff and resident interviews and facility policy review the facility failed to follow the approved resident menu for one (1) of nine (9) meals observed.<br><br>Findings include:<br><br>Record review of the facility policy titled, "Menus" with no revision date revealed under "Policy...Menus are planned by a registered dietitian to meet the nutritional needs of the residents. Menu items are adjusted as needed to meet the regional and cultural preferences of the resident population".<br><br>Record review of the facility policy titled, "Meal Substitutions" with no revision date revealed under the "Policy...All Menu substitutions will be of equal nutritional value and be documented".<br><br>Initial tour of the kitchen on 01/08/23 at 3:15 PM, revealed Dietary Staff #1 was preparing ham and cheese sandwiches for the resident's dinner.<br><br>An observation on 01/08/23 at 4:50 PM, revealed that residents' dinner meal consisted of a ham and cheese sandwich with some chips.<br><br>An interview on 01/09/23 at 1:15 PM, with Dietary Staff #1 and #2 confirmed that the menu for the dinner meal on 01/08/23 should have included chicken noodle soup, ham and cheese sandwich, lettuce/tomato/onion, potato salad and fresh fruit. Dietary Staff #1 confirmed that she did not follow the menu, because she was tired from being | F 803 | On January 11, 2023, Administrator monitored meal service to ensure meal menu followed, no additional findings.<br><br>All resident have to potential to be affected.<br><br>Administrator in-serviced all dietary staff on following meal menu and substitution policy, beginning on January 16, 2023. Monitoring of meals to ensure menu is followed beginning January 12, 2023, by Administrator and Dietary Manager.<br><br>Findings were brought to the Quality Assurance Performance Improvement Committee by the Administrator on January 17, 2023. Administrator and Dietary manager to monitor meal service to ensure menu is followed three (3) a week for three (3) weeks, then weekly times three (3) months. Findings to be brought to the Quality Assurance Performance Improvement Committee beginning on February 7, 2023, then monthly times three (3) months to determine effectiveness and make necessary changes as indicated. | |

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| F 803 | Continued From page 37 | F 803 | | |

there all day. Dietary Staff #1 confirmed that the residents only got a ham and cheese sandwich and some chips for dinner on Sunday night 01/08/23. Dietary Staff #1 revealed that it was her responsibility to follow the menu. Dietary Staff #2 revealed they are out of potato salad, and they are allowed to make substitutions and she could have substituted canned fruit for the fresh fruit. Dietary Staff #1 and #2 confirmed that soup and fruit should have been served with the resident's dinner last night and that the menus are developed by dieticians in order to make sure the residents are getting the correct nutrition and if they do not follow the menu then the residents are not getting the nutrition they need.

An interview with Resident #3 on 01/09/23 at 2:08 PM, revealed that sometimes they do not get served the food that is on the menu, and it usually happens on the weekends, but it has not happened very often.

An interview on 01/10/23 at 4:20 PM, with the Director of Nurses (DON) confirmed the dietary staff need to follow the Registered Dietician approved menus for the residents in order to provide the correct nutrition.

An interview on 01/11/23 at 9:49 AM with the Registered Dietician (RD) revealed she comes to the facility once per month or more if needed. She revealed that she has had an issue with the dietary staff not serving what was on the menu one time before and she addressed it with the Dietary Manager (DM) that was at the facility at that time. She revealed that the DM is not at the facility anymore.

Record review of the menu for 01/08/23 dinner

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| F 803 | Continued From page 38<br>meal revealed that the meal should have consisted of chicken noodle soup, ham and cheese sandwich, lettuce/ tomato/ onion, potato salad and fresh fruit. | F 803 | | |