STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	76GC	A. BUILDING: _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with two (2) Complaint Investigations (CI) MS CI #20493 and MS CI #20654 at the facility from 2/6/23 through 2/9/23. During the survey, the SA determined the facility was not in compliance with the for Minimum Standards for Institutions for the Aged or Infirm, state regulations . The SA identified non-compliance and cited M610 for CI #20654. There were no deficiencies cited for CI MS #20493. The SA also cited M615. The census at the time of the survey was 52 and the facility is licensed for 60 beds.	M 000		
M 615	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to provide care to promote the healing of a pressure ulcer as evidenced by incontinent care not being performed after a bowel movement for one (1) of nine (9) residents reviewed for pressure ulcers. Resident # 8 Findings include:	M 615	On 2/8/23 Treatment Nurse assessed resident #8 with no negative findings noted. On 2/8/23 Director of Nursing provided one on one education with Certified Nurse Aide #1 and Certified Nurse Aide #2 on Pressure Ulcer Prevention and Treatment Interventions Guidelines. This has the potential to affect one of ten residents reviewed for pressure ulcers. Beginning February 8, 2023, Director of	3/10/23

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M 615	Continued From page 1 Record review of the facility policy titled, "Pressure Ulcer Prevention and Treatment Interventions Guidelines" with a revision date of 10/22 revealed "A. Skin Hygiene Inspection ... #3. Keep local areas of skin clean, dry, and free of body wastes, perspiration, and wound drainage" ....D. Incontinence and Moisture Management. 1. Assess and treat incontinence. When incontinence cannot be controlled, use appropriate peri-care with barrier ointment or cream to perineal area after each episode of incontinence ..." An observation on 2/6/23 at 10:30 AM, revealed Resident #8 sitting on the side of the bed with no brief and her pants pulled down to her knees while Certified Nurse Assistant (CNA) #2 and CNA #1 were assisting the resident out of bed. This observation revealed when the resident stood up that she had a formed bowel movement stuck between her buttock cheeks that was approximately 4 inches long and ran under the brown and red stained 4x4 dressing on her sacrum. CNA #1 stated, "Oh she has had a bowel movement" and CNA #2 stated, "Just hurry up and put her diaper on so we can sit her down". The CNA's put a clean brief on the resident, pulled her pants up and assisted her to the wheelchair. During an interview on 2/6/23 at 11:10 AM, with CNA #1 revealed that Resident #8's bowel movement had not been cleaned yet. She revealed they were letting her eat her breakfast, before they cleaned her up. She revealed that Resident #8 had been sitting in her bowel movement since they got her up around 10:30 AM and that is not good. She stated, "I wouldn't want to have to sit in mine".	M 615	Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled Pressure Ulcer Prevention and Treatment Interventions Guidelines with revision date of 10/22 and to ensure that incontinent care is provided every two hours and as needed for those residents with pressure injuries; staff is to notify treatment nurse/charge nurse if dressing becomes soiled/dislodged. In-services will be ongoing until all nurses and certified nurse aides in-serviced. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Pressure Ulcer Prevention and Treatment Interventions Guidelines discussed. No policy change was made to the Pressure Ulcer Prevention and Treatment Interventions Guidelines. Beginning February 13, 2023, The Director of Nursing will monitor by observation of incontinent care provided by staff to ensure that incontinent care is performed following an incontinent episode on at least three residents with pressure ulcers that require incontinent care assistance one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make	

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M 615	Continued From page 2 On 2/6/23 at 11:30 AM, during an interview with CNA #2 confirmed that Resident #8 had a bowel movement stuck between her buttock cheeks when they got her up at around 10:30 AM. She confirmed they were letting the resident eat her breakfast before they cleaned her up. She confirmed that the resident had been sitting in her bowel movement since 10:30 and that was not good especially with her having a sore at the top of her buttocks. In interview on 2/6/23 at 12:30 PM, with Registered Nurse (RN) #1-Treatment Nurse confirmed that Resident #8 has a facility acquired pressure ulcer on her sacrum, is incontinent of both bowel and bladder and has to have incontinent care performed by staff. An interview on 2/6/23 at 2:30 PM, with Licensed Practical Nurse (LPN) #3 confirmed that Resident #8 has a wound on her sacrum and sitting in a bowel movement could cause the wound to get infected. Resident #8 reported during an interview on 2/6/23 at 3:10 PM, that the staff have to provide incontinent care for her. She confirmed she has a sore on her bottom that bothers her. An interview on 2/8/23 at 9:00 AM, with the Administrator confirmed that Resident #8 probably should have been cleaned when they got her up and saw that she had a bowel movement. An interview on 2/8/23 at 11:00 AM, with CNA #1 revealed that during the observation on 2/6/23 at 10:30 AM when she and CNA #2 were getting Resident #8 out of the bed and discovered the bowel movement they realized they did not have	M 615	recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 and then monthly thereafter for four months to review monitoring of processes and policies to ensure compliance until resolved.	

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M 615	Continued From page 3	M 615		

wipes in the room and therefore they could not clean the resident. She revealed that they were too embarrassed to tell the State Agency that they did not have wipes in the room and decided to let her eat before they went back and cleaned her up. She admitted that they should have made sure they had the supplies they needed in the room before attempting to get the resident up and clean her.

An interview with the RN-Corporate Nurse on 2/8/23 at 1:50 PM, she confirmed that the resident should have had incontinent care regarding her bowel movement while the CNAs were in the room and should have had the supplies they needed before they entered the room to perform incontinent care. She revealed that the resident sitting in a bowel movement for 30-40 minutes would not be good for the resident's wound.

The Director of Nurses (DON) confirmed during an interview on 2/8/23 at 2:00 PM, the CNAs should have had the supplies they needed when they went in the room to perform the incontinent care and that the resident sitting in a bowel movement could cause the residents' wound to get infected.

Record review of Resident #8's Face Sheet revealed she was admitted to the facility on 03/20/15 with medical diagnoses that included Type 2 Diabetes Mellitus with diabetic neuropathy unspecified, Obesity and Nutritional deficiency and a current diagnosis of Pressure ulcer of sacral region, unspecified stage.

Record review of Resident #8's Minimum Data Set with an Assessment Reference Date of 11/23/22 revealed in Section G that the resident

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M 615	Continued From page 4 needed extensive assistance with toilet use and Section C indicated Resident #8's Brief Interview for Mental Status score was 12, which indicated that the resident is cognitively intact.	M 615		