STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CI) MS #20165, MS 19039, and MS #19096 at the facility from 02/06/23 through 02/09/23. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid services. The SA identified non-compliance and cited F656 and F677 for CI #20165 for Activities of Daily Living. There were no deficiencies cited for CI MS #19096 related to injury of unknown origin and CI MS #19039 for injury of unknown origin. No other deficiencies were cited. At the time of the survey, the census was 58 and the facility held a license for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §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 - (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 (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not	F 656		3/17/23

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

Electronically Signed | 02/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 1 provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (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. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for 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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, facility policy review and record review, the facility failed to develop a comprehensive care plan for a resident requiring shaving and failed to implement the care plan for residents requiring nail care for two (2) of 18 residents reviewed. Resident #24 and Resident #42 Findings include:	F 656	Facility failed to develop a comprehensive care plan for a resident requiring shaving and failed to implement the care plan for residents requiring nail care for two (2) of 18 residents reviewed. Resident #24 and Resident #42. 1. Director of Nursing was notified on February 7, 2023 of the care plan deficiencies. The Care Plan Nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 2 Resident #24 A record review of the facility policy titled, "Care Plan Process Policy ", with a revision date of 08/17, revealed regulations require facilities to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity and needs, in relation to a number of specified areas (e.g., customary routine, vision, and continence. The facility shall develop and implement a Baseline Careplan and Summary NS 813 for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care. An observation on 02/06/23 at 11:20 AM, revealed Resident #24 sitting up in his wheelchair. His fingernails were long on both hands approximately 1/2 inch past the end of fingertips. Resident #24 stated that he had asked staff to cut his nails, but they told him they didn't have any clippers. Resident #24 stated that he knew somebody here should have nail clippers. An observation on 02/07/23 at 9:44 AM, revealed Resident #24's fingernails are trimmed but have sharp edges and the left thumbnail is jagged. The resident stated they came in yesterday afternoon and cut them. He confirmed they were rough but stated that it was a start. An interview on 2/7/23 at 1:00 PM, with the Activity Trainer revealed that she had cut Resident #24's fingernails yesterday. She stated that they were long but they were clean.	F 656	immediately updated the care plans for Resident #24 and Resident #42. (Exhibit 1) Social Services Director interviewed 100% of residents to ensure preferences were care planned. (Exhibit #2) Care Plan Nurse updated preferences from interviews. 2. All fifty-three (53) residents currently residing in the 60 bed facility have the potential to be affected by failure to develop a comprehensive care plan. 3. In-service initiated by Director of Nursing on 2/7/23 Care Plan Process to all registered nurses, licensed practical nurses, and certified nursing aides. Physicians, nursing, families and residents involved in care plan to include residents preferences/choices and to include grooming preferences on admission and updated as needed. (Exhibit #3) Upon hire, all Licensed Nursing and department staff responsible for care planning will be educated by the Staff Development Nurse on the policy and procedure for Care Plan Process. Actively employed Licensed Nursing and department staff responsible for care planning will be in-serviced on the Care Plan Process annually to begin on 2/7/23 and as needed by Staff Development Nurse or Director of Nursing. 4. Director of Nursing and Care Plan Nurse to begin 2/24/23 will monitor for Activities of Daily Living care including	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 3 An interview on 2/7/23 at 2:10 PM, with Certified Nursing Assistant (CNA) #3 stated that she felt like Resident #24's fingernails were kind of long today, but not as long as they were yesterday. She stated that they needed trimming. An observation and interview on 2/7/23 at 3:20 PM, with the Director of Nursing (DON) confirmed Resident #24's fingernails were trimmed yesterday. She confirmed they had sharp uneven corners. She stated that long nails and rough nails could case skin tears and harbor debris. An interview on 2/09/23 at 8:40 AM, with the DON confirmed Resident #24's care plan was not implemented because his nails were long and needed cutting. Record review of Resident #24's Care Plan with a problem onset date of 11/18/2020, revealed, "(Formal Name of Resident) needs assist with ADL's ...Approaches ...Nursing staff to provide nail care as needed ..." Record review of the facility Face Sheet revealed Resident #24 was admitted to the facility on 6/27/22 with diagnoses that include Chronic Obstructive Pulmonary Disease and Anxiety. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/04/23, Section C revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated Resident #24 was cognitively intact. Resident #42 An interview and observation on 02/06/23 at	F 656	resident preferences and development of comprehensive care plans for resident status changes using the resident history form for new admissions and the daily twenty four (24) hour report book for (5) days per week for (4) weeks, then weekly for eight (8) weeks if no new problems are identified. (Exhibit 4) A Quality Assurance Committee Meeting was conducted on 2/24/23 (Exhibit 5) and will be conducted on 3/16/23 and monthly thereafter for 3 months to discuss findings from the monitoring of Care Plan processes and policies to ensure compliance until resolved. Director of Nursing or Staff Development Nurse will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator and Director of Nursing will take necessary corrective action such as: Individual in-services, in-service or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed to ensure compliance until resolved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 4	F 656		

11:54 AM, revealed Resident #42 sitting on the side of the bed with facial hair noted to his cheeks, above his lip, and on his chin approximately one (1) inch long. Resident #42 revealed the last time he was shaved was a week ago, but he likes to be shaved every two days. He revealed he has mentioned it to staff before, but they say they'll get to it but never do. Resident #42's fingernails on both hands were approximately 1/2-inch past the end of the fingers and were jagged and dirty. There was a brown substance under each nail. The resident revealed he doesn't like his fingernails this long and would like for them to be cut. He stated that they haven't been cut since he's been at the facility.

An observation on 2/06/23 at 2:30 PM, revealed Resident #42 lying in bed unshaven and nails on bilateral fingers jagged and approximately 1/2 inch long with a brown substance under the nails. The resident revealed he hasn't been shaved or his nails cut yet.

An observation and interview on 2/07/23 at 8:10 AM, revealed Resident #42 sitting on the side of the bed. The resident was unshaven and his nails were long with a brown substance underneath the nails.

An observation on 2/07/23 at 9:55 AM, revealed Resident #42 sitting in the dining room. The resident was unshaven and the fingernails on both hands were dirty, jagged, and approximately 1/2 inch long.

An interview and observation on 2/07/23 at 11:05 AM, with CNA #1 confirmed that Resident # 42 nails were long and dirty and needed to be cut. She revealed that if a resident isn't diabetic the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 5	F 656		

aides can cut their nails, but she was unsure if the resident was diabetic or not. She revealed that she hasn't cut his fingernails and wasn't sure if he was supposed to get that done when he went to the shower. CNA #1 revealed Resident #42's shower days are Monday, Wednesday, and Friday and that he gets shaved by CNA #2 because she gives him his showers. CNA #1 revealed that she can shave him as well if he needs it. She confirmed that he hasn't been shaved in a while and that he should have been. She revealed the CNA's don't have assignment sheets with the exact task we are supposed to do.

An interview and observation on 2/07/23 at 11:30 AM, the DON confirmed Resident # 42's fingernails were long, jagged, and dirty. She revealed she would get his nails done right away. She confirmed that the resident was unshaven with hair on his chin and the sides of his face. Resident #42 revealed to the DON that he likes to be shaved every other day. The DON revealed the residents usually get shaved when they go to the shower and confirmed that the resident was unshaven and looked like he hasn't been shaved in a while.

An interview on 2/07/23 at 2:31 PM, with the MDS nurse revealed she is the one that develops the plan of care, and the care plan is developed to help us specifically know how to take care of the resident. She revealed she is responsible for updating the plan of care and that the care plan is updated as needed and/or when the resident has an MDS due. She revealed each resident's Activities of Daily Living (ADL) care plan should be reflective of nail care, baths, and if they are to be shaven or not. She revealed she wasn't sure if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 6	F 656		

all ADL care plans addressed that or not.

An interview on 2/08/23 at 11:00 AM, the Corporate Consultant revealed each resident is supposed to have an individualized care plan which should include nail care, shaving, and any specific preferences so the staff will know how to take care of them.

An interview on 2/08/23 at 11:24 AM, with the MDS nurse confirmed that Resident # 42 did not have a care plan that addressed shaving and his preference of shaving every other day and he should have.

An interview and ADL care plan review on 02/08/23 at 05:26 PM, with the DON confirmed that Resident #42 did not have an ADL care plan that was individualized to his preference of shaving and confirmed his nail care was not being implemented and it should have been.

Record review of Resident #42's care plan, with a problem onset date of 10/24/2022 revealed "(Formal Name of Resident) need assist with ADLs ...Approaches ... Nursing staff to eval (evaluate) or nail care as needed ..."

Record review of Resident #42's Face Sheet revealed the resident was admitted to the facility on 10/24/2022 with diagnoses that included, Hemiplegia, unspecified affecting left nondominated side, Personal history of Transient Ischemic Attack (TIA), and Cerebral Infarction.

Record review of the MDS with an ARD of 1/30/2023 revealed Resident #42 had a BIMS score of 10, which indicated the resident has moderate cognitive impairment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677 SS=D	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 observation, staff interviews, resident interview, facility policy review and record review, the facility failed to provide Activities of Daily Living (ADLs) as evidenced by long and jagged nails, and unshaven facial hair for two (2) of eighteen residents observed. Resident #24 and Resident #42 Findings include: A record review of the facility policy titled, "A.M. Care policy"' with a revision date of 10/17 revealed, Purpose: To prepare the resident for their day, to maintain oral health and bodily hygiene, and to maintain the resident's desired physical appearance ... Procedure: 12. Assist the resident with grooming according to their preferences (makeup application, shaving, hair removal, hair care, and styling, etc.) ..." A record review of the facility policy titled, "Nail Care Policy", with a revision date of 10/17 revealed," Purpose: To promote cleanliness, safety, and a neat appearance. To observe skin condition on fingers and toes ...Procedure: 8. Trim the nails straight across, and even with the end of the finger or toe. For fingers, remove any sharp edges with the file or emery board..." Resident #24	F 677	Facility failed to provide Activities of Daily Living (ADLs) as evidenced by long and jagged nails, and unshaven facial hair for two (2) of eighteen residents observed. Resent #24 and Resident #42 1. Director of Nursing was notified of the deficient practice by the surveyor on 2/7/23. On 2/6/23 resident #24 nails trimmed by the Activity Trainer. On 2/7/23 Nursing staff provided nail care to resident□s jagged edges and or rough edges and uneven corners were trimmed evenly and filed smoothly for resident # 24.(Exhibit 6) On 2/7/23 the Director of Nursing provided nail care to resident #24. On 2/7/23 resident #42 shaved by nursing staff. Resident requested that hair above top lip be left in place (ie mustache). (Exhibit #7) 2. This has the potential to affect 2 of 53 residents that currently reside in the 60 bed facility. 3. On 2/7/23 the Director of Nursing initiated an in-service for the nursing staff in regards to monitoring the need for nail care and shaving daily for all residents as needed. Resident care task includes	3/17/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 8 During an observation on 02/06/23 at 11:20 AM, revealed Resident #24 sitting in his wheelchair with long fingernails that were approximately 1/2 inch past the end of his fingertips. Resident #24 stated that he had asked staff to cut his nails, but they told him they didn't have any clippers. Resident #24 stated that he knew somebody here should have nail clippers. During an observation on 02/07/23 at 9:44 AM, revealed Resident #24 sitting up in wheelchair. His fingernails had been trimmed but had sharp edges and his left thumbnail was jagged. Resident #24 stated they (staff) came in yesterday afternoon and cut them. He confirmed they were rough but stated that it was a start. On 02/07/23 at 1:00 PM, during an interview with the Activity Trainer revealed that she cut Resident #24's fingernails yesterday. She stated that they were long, but they were clean. An interview on 2/7/23 at 2:10 PM, with Certified Nursing Assistant (CNA) #3 revealed that she felt like Resident #24's fingernails were kind of long today, but not as long as they were yesterday. She confirmed that they needed trimming. An observation and interview, on 2/7/23 at 3:20 PM, with the Director of Nursing (DON) confirmed Resident #24's fingernails were trimmed yesterday. She confirmed they had sharp uneven corners. She stated that long nails and rough nails could cause skin tears and harbor debris. The DON stated the Certified Nursing Assistants are responsible for maintaining nails or reporting to the nurse if they are unable to cut them. Review of the facility Face Sheet revealed	F 677	resident□s preferences. (Exhibit #8) To begin 2/7/23 upon hire, annually, and as needed, all nursing staff will receive orientation training by the Staff Development Nurse or Director of Nursing regarding care practices. To begin 2/7/23 upon hire, annually, and as needed, all licensed nursing staff will receive a skills competency evaluation by the Staff Development Nurse regarding resident care practices. 4. Director of Nursing or Staff Development Nurse will monitor residents for nail care and shaving on various shifts beginning 2/24/23 at least three (3) times weekly for four (4) weeks, then at least (2) time weekly for four (4) weeks if no new problems identified. (Exhibit #9) A Quality Assurance Committee Meeting was conducted on 2/24/23 (Exhibit #10) and will be conducted on 3/16/23 and will be conducted monthly x 3 months to discuss findings from the monitoring of nail care and shaving per resident's individual preferences and policies and to ensure compliance until resolved. Director of Nursing or Staff Development Nurse will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator and Director of Nursing will take necessary corrective action such as: Individual in-services, in-service, or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 9	F 677		

Resident #24 was admitted to the facility on 6/27/22 with diagnoses that included Chronic Obstructive Pulmonary Disease and Anxiety.

Record review of Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/04/23 revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated Resident #24 was cognitively intact.

Resident #42

During an interview and observation on 2/06/23 at 11:54 AM, revealed Resident #42 sitting on the side of the bed with facial hair noted to the sides of his cheeks, above his lip, and on his chin with approximately. 1-inch growth. Resident #42 revealed the last time he was shaved was a week ago, but he likes to be shaved every two days. He revealed he has mentioned it to staff before, but they say they'll get to it but never do. Resident #42's fingernails on bilateral hands were approximately 1/2-inch past the end of the finger, were jagged, and dirty with a brown substance under each nail. The resident revealed he doesn't like them this long and would like them to be cut but they haven't cut them since he's been here.

An observation on 2/06/23 at 2:30 PM, revealed, Resident # 42 lying in bed. Resident #42 was unshaven and nails on bilateral fingers jagged and approximately 1/2 inch long with a brown substance under the nails. The resident revealed he hasn't been shaved or his nails cut yet.

An observation and interview on 2/07/23 at 08:10 AM, revealed Resident #42 sitting on the side of the bed. The resident was unshaven, and his nails were long, with a brown substance

Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed to ensure compliance until resolved.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 10	F 677		

underneath.

An observation on 2/07/23 at 9:55 AM, revealed Resident #42 sitting in the dining room, unshaven and the fingernails on bilateral hands are dirty, jagged, and approximately 1/2 inch long.

An interview and observation on 2/07/23 at 11:05 AM, with CNA #1 confirmed that Resident # 42's nails were long and dirty and needs to be cut. She revealed that if a resident isn't diabetic that the aides can cut their nails, but she was unsure if the resident was diabetic or not. She revealed that she hasn't cut his fingernails and wasn't sure if he was supposed to get that done when he went to the shower. She revealed his shower days are Monday, Wednesday, and Friday and that he gets shaved by CNA #2 because she gives him his showers. She revealed that she can shave him as well if he needs it. She confirmed that he hasn't been shaved in a while and that he should have been. She revealed we don't have assignment sheets with the exact task we are supposed to do and wished the facility had them.

An interview and observation on 2/07/23 at 11:30 AM, the DON confirmed Resident #42's fingernails were long, jagged, and dirty. She revealed she would get his nails done right away. She confirmed that the resident was unshaven with hair on his chin and the sides of his face. Resident #42 revealed to the DON that he likes to be shaven every other day. The DON revealed the residents usually get shaved when they go to the shower and confirmed that the resident was unshaven and looked like he hadn't been shaved in a while.

On 2/07/23 at 1:30 PM, during an interview with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 11 CNA #2 revealed she does the showers, and it is basically her responsibility to shave a resident when they come to the shower unless they can shave by themselves. She revealed Resident # 42 was unable to shave on his own. She revealed she can't remember when the last time he was shaven, but it might have been last Friday. She confirmed that she had noticed his long fingernails before but hadn't cut them and any aide can cut the resident's nails unless they are diabetic, but there is no one specifically assigned. Record review of Resident #42's Face Sheet revealed the resident was admitted to the facility on 10/24/2022 with diagnoses that included, Hemiplegia, unspecified affecting left nondominated side, Personal history of Transient Ischemic Attack (TIA), and Cerebral Infarction. A record review of the MDS with an ARD of 1/30/2023 revealed Resident #42 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident has moderate cognitive impairment.	F 677		