STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255267	A. BUILDING _____ B. WING _____	04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARKSDALE NURSING CENTER	1120 RITCHIE AVE CLARKSDALE, MS 38614

(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 re-certification survey along with one (1) complaint investigation (CI MS CI #21111) at the facility from 4/4/2023 to 4/6/2023. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. The SA identified non-compliance and cited F550, F561, F644, F645, F656, F675, and F677. There were no deficiencies cited for complaint (CI MS# 21111). The census at the time of the survey was 54 and the facility is licensed for 60 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550		5/5/23

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

Electronically Signed | 04/24/2023

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F 550	Continued From page 1 residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on resident observation and staff interviews the facility failed to promote dignity related to a catheter bag stored without a privacy bag for one (1) of two (2) residents with urinary catheters. Resident # 13. Findings include: Record review of the statement typed on facility letterhead signed by the Administrator and dated April 5, 2023, revealed, " ...We do not have a policy on the use of a privacy catheter bag. " An observation on 4/04/23 at 10:52 AM , revealed a catheter bag hanging on the left side of Resident #13's bed with no privacy bag and visible to the SA and any visitors walking in the hallway.	F 550	F-550 Resident Rights/Exercise of Rights 1. A privacy bag was placed on resident #13's catheter bag on April 4, 2023. The privacy bag was added to the certified nursing assistants resident's care task in the electronic system American Health Tech to be documented on every shift. 2. All residents with catheters have the potential to be affected by the deficient practice of not using a privacy bag on a catheter bag. 3. All registered and licensed nurses	

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F 550	Continued From page 2 An observation and interview on 4/05/23 at 2:20 PM, Certified Nurse Assistant (CNA) # 3 confirmed the catheter bag was hanging on the right side of the bed with no privacy bag and there should be one and confirmed that it could be embarrassing for a resident if their bag of urine was visible for everyone to see. An interview with Licensed Practical Nurse (LPN) #1 on 4/4/23 at 2:25 PM, she confirmed all residents with catheters should have a privacy bag and revealed it is a dignity issue. An interview with the Director of Nursing (DON) on 4/5/23 at 8:00 AM, revealed she was made aware by staff that Resident #13 did not have a privacy bag for his catheter and confirmed all residents with catheters should have one because they have the right to dignity. Record review of the April 2023 Physician Orders revealed an order dated 1/27/23, revealed "Change 18F (French) Coude catheter every month". Record review of the Face Sheet revealed that the facility admitted Resident #13 to the on 8/16/19 with diagnoses of Malignant neoplasm of the prostate, Benign prostatic hyperplasia with lower urinary tract, Chronic kidney disease and Alzheimer's disease.	F 550	and certified nursing assistants were in-serviced by the Director of Nurses on placing privacy bags on the catheter bags on April 13, 18 & 19, 2023. The resident's care task for the certified nursing assistants in the electronic record was altered to include privacy bags to be on all catheter bags. 4. The Director of Nurses and the Registered Nurse Supervisor will monitor the placement of the privacy bags three times a week for two weeks, then weekly for two weeks, then monthly which began on April 7, 2023. The Director of Nurses will bring any concerns to the Quality Assurance Committee beginning April 10, 2023. A Quality Assurance meeting with the Medical Director will be held on May 2, 2023 to review/approve Plan of Corrections. The Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee Monthly times three months then quarterly times one year. If problems are identified with current corrective action plan, the Quality Assurance committee will revise the corrective action plan as needed until substantial compliance is achieved.	
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8)	F 561		5/5/23

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F 561	Continued From page 3 §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews and facility policy review the facility failed to honor a resident's choice for showers for one (1) of 20 residents reviewed. Resident #30 Findings include:	F 561	F-561 Self-Determination 1. Resident #30 was given a shower on April 7, 2023 as was her preference. 2. All residents have the potential to be affected by the deficient practice.	

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F 561	Continued From page 4 Record review of the facility policy titled "Bathing", with a revision date of 10/17, "Processes 1. Inquire with the resident concerning bathing preferences (e.g., time of day, type of bathing-shower, bed bath, etc.) 2. Offer the resident choice in their bathing routine ..." During an interview with Resident #30 on 4/04/23 at 11:43 AM, she stated that she was unsure of the last time she had a shower. Resident #30 stated that she gets a 'wash up' but no shower and that she would like to have a shower. On 4/04/23 at 4:35 PM, an interview with the Director of Nursing (DON) revealed that before "COVID" the shower schedule was Monday, Wednesday, and Friday for A beds and Tuesday, Thursday, and Saturday for B beds. She verified that they haven't gotten back to the shower schedule since "COVID" started. She revealed if a resident wants a shower the aide will give them a shower, they just need to ask. She revealed she thinks a shower, or a whirlpool bath would make the residents feel better, get their circulation going, it's just better for the residents and they just need to get back to giving the showers. During an interview with Resident #30 on 4/5/23 at 8:00 AM, revealed she told her Certified Nursing Assistants (CNAs) that she wants a shower, and they respond, 'we'll see', but do not come back and give her a shower. In an interview on 4/5/2023 at 9:15 AM with CNA # 1, revealed that she is usually assigned to Resident # 30 during the day shift and sometimes on the evening shift. CNA # 1 stated that Resident # 30 likes to take her showers during	F 561	3. Certified Nursing Assistants, Registered Nurses were in-serviced on April 13, 18 & 19, 2023, by the Director of Nursing on Resident Rights, and Care Plan Policies related to personal preferences. A bath schedule was put in place for all residents. This schedule is posted in the shower rooms and will be adjusted per change in census. 4. The Director of Nurses, Staff Development Nurse and/or the Registered Nurse Supervisors will monitor weekly for three times a week for four weeks, then monthly for two months to ensure the plan of care is being followed and showers/bathing are given. Monitoring began on April 7, 2023. The Director of Nurses will monitor in the American Health Tech electronic records three times a week for a month, then one time a month for two months, then quarterly for a year. The Director of Nurses will bring any concerns to the Quality Assurance Committee monthly times three months then quarterly times one year. The Medical Director will meet with the Quality Assurance Committee on May 2, 2023, to review/approve the Plan of Correction. If problems are identified with current corrective action plan, the Quality Assurance Committee will revise the corrective action plan as needed until substantial	

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F 561	Continued From page 5	F 561		

the evening shift before she goes to bed. CNA # 1 stated that they did have a shower schedule in the past, before "COVID", but they did not have a shower schedule any more. She stated that if Resident # 30 asked her for a shower on the evening shift, she would give her one, but that she could not remember the last time she had given Resident # 30 a shower.

In an interview on 4/5/2023 at 3:10 PM with CNA # 2, she stated that showers are not given on the evening shift. She stated that she had not given any showers when working the evening shift.

An interview with the DON and Minimum Data Set (MDS) Coordinator on 4/6/23 at 8:45 AM, they verified that since the resident indicated on the MDS that choosing what type of bath she wanted was very important that they should have asked the resident what she wanted. They both confirmed that not taking the residents choices into consideration could possibly make the resident feel like her choices were not important. The DON confirmed that the resident had not received any showers.

Record review of the facility electronic record titled Resident Care Details, Question: Type of Bath revealed that from 3/1/23 through 4/5/2023 Resident # 30 received a complete bed bath, sponge bath or partial bed bath, but no showers.

A record review of the MDS, with a Assessment Reference Date (ARD) of 3/10/2023, revealed, section C, Cognitive Patterns, Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.

A record review of the MDS, with an ARD of

compliance is achieved.

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F 561	Continued From page 6 12/12/2022, revealed, section F, Preferences for Customary Routine and Activities, Interview for Daily Preferences, C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Is coded 1, indicating that it is "Very important". A record review of the Face Sheet revealed Resident # 30 was admitted on 10/14/2019 with diagnosis of Malignant neoplasm of parathyroid gland, Muscle Weakness, Bilateral primary osteoarthritis of hip and knee.	F 561		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review the facility failed to submit a	F 644	F-644 Coordination of PASARR and Assessments	5/5/23

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F 644	Continued From page 7 Change in Status referral for a Level II Pre-Admission Screening and Resident Review (PASRR) related to a new diagnosis of Schizophrenia and after a significant change from a psychiatric in-patient stay for one (1) of five (5) residents reviewed. Resident # 31. Findings include: A record review of the facility's policy titled "Pre-Admission Screening PAS/PASRR (MS Only)", revised 10/18, revealed "A Change in status referral for Level II Resident Review Evaluations is Required for Individuals who have not been previously identified by PASRR to have Mental illness... A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental diagnosis as defined under 42 CFR 483.100 ...A resident is transferred, admitted to a Nursing Facility (NF) following an impatient psychiatric stay or equally intensive treatment ... A record review of Resident #31's Diagnosis list revealed a new diagnosis of Schizophrenia on 3/31/22 and a review of the Physician Psychiatric Progress Note from Provider #1 dated 3/31/22, revealed a diagnosis of Schizophrenia. A record review of a History and Physical dated 9/13/22 from Provider #1, revealed Resident #31 was admitted to the Senior Care Unit for behavioral disturbance, hallucinations, and paranoia. Resident # 31 was discharged back to the facility on 9/23/22 with a diagnosis of Schizophrenia, paranoid type and which revealed a new medication of Haldol 1 mg (milligram) by mouth daily and continued medications of Seroquel 400 mg daily at bedtime and	F 644	1. The Minimum Data Set (MDS) Coordinator sent a Change of Status on resident #31 to Maximus on April 6, 2023. 2. All residents have the potential to be affected by the deficient practice. 3. The MDS Coordinator and the Assessment Nurse were in-serviced on Pre-Admission Screening/Pre-Admission Screening and Resident Review (PAS/PASRR) (MS Only) policy by the Quality Improvement Registered Nurse on April 6, 2023. The interdisciplinary team which includes the Director of Nursing, the Administrator, Therapy, Assessment Nurse and MDS nurse will review all admissions and readmissions along with all new orders daily for any new diagnosis or psychotropic medications to determine if a change of status is needed or Level II. 4. The Director of Nursing and the Administrator will monitor five times a week in the Daily Stand Up Meeting any new orders for residents. This order will include the diagnosis for the new medication ordered. This will be done weekly for three weeks, then monthly for two months and then quarterly for one year. Monitoring began on April 7, 2023. The Director of Nurses and /or the Administrator will	

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F 644	Continued From page 8 Lorazepam 1 mg twice daily as needed. A record review revealed a Significant Change Assessment completed on 10/03/23 after the return from inpatient therapy at Senior Care. An interview with the Minimum Data Set (MDS) Coordinator on 4/5/23 at 9:00 AM, she revealed she receives a copy of every progress note from the psych provider and adds the new diagnosis to the resident's diagnosis list. She also revealed MDS is notified of hospital returns and MDS opens the assessments. An interview with MDS Coordinator on 4/05/23 at 02:00 PM, also revealed she was under the understanding that a Change of Status referral for Level II PASRR only had to be completed if a resident was admitted to hospital for psychiatric services and received a new diagnosis and medication for Major Mental illness and did not have to be completed if there is a diagnosis of Dementia and confirmed there was no Change in Status Referral for Level II for the new diagnosis of schizophrenia obtained in March 2022. An interview with the Assessment Nurse on 4/05/23 at 2:15 PM, she revealed she completes the PASRR form also and thought it was only completed on admission and was unaware of completing the Change in Status Referral for Level II. The Assessment nurse revealed she was unaware of what the facility policy for PASRR reads. An interview with the Administrator revealed on 4/05/23 at 2:30 PM, she revealed she was aware that a Change in Status Referral had to be completed but thought it was only when a	F 644	bring any concerns to the Quality Assurance Committee monthly times three months then quarterly times one year. The Medical Director will meet the Quality Assurance Committee on May 2, 2023, to review/approve Plan of Correction If Problems are identified with current corrective action plan, the Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved.	

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F 644	Continued From page 9	F 644		

resident went out for psychiatric treatment and returned with a new diagnosis and new medication. She confirmed if the PASRR Level II change of status referral is not completed the resident could possibly not get the care or services they may need.

An interview with the MDS Coordinator on 4/05/23 at 2:48 PM she revealed after reviewing the facility policy she understood she should have submitted a Change in Status Referral for a Level II PASRR when Resident # 31 got the new diagnosis of Schizophrenia and after the Resident returned from inpatient at Senior Care and a Significant Change Assessment was completed. She revealed the reason of the Level II PASRR Change in Status Referral was to receive any recommendations on proper care and treatment for her mental illness and confirmed by not submitting it Resident # 31 may have possibly had increased behaviors from not receiving the proper care she needed. MDS Coordinator also confirmed there have been no other PASRR's or Change in Status Referral completed for Resident # 31 since admission.

An interview with the Director of Nursing (DON) on 4/05/23 at 3:16 PM, she revealed the purpose of the PASRR was to determine the special needs for each individual resident's mental illness and to identify if a resident is appropriate for nursing home placement and if not completed it is possible a resident may not receive the individualized care they need.

An interview with the Administrator on 04/06/23 at 8:52 AM, she confirmed a Change in Status Referral for a Level II should have been completed after Resident # 31 obtained the new

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F 644	Continued From page 10 diagnosis of Schizophrenia and after she returned from Senior Care. Record review of the Face Sheet revealed that the facility admitted Resident # 31 to the on 1/20/22 with diagnoses of Hallucinations unspecified, Major depressive disorder, Unspecified psychosis not due to a substance or physiological condition, Unspecified dementia with behavioral disturbance, and Paranoid personality disorder.	F 644		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental	F 645		5/5/23

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F 645	Continued From page 11	F 645		

condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-
(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,
(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and
(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-
(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).
(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255267	A. BUILDING _____ B. WING _____	04/06/2023

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CLARKSDALE NURSING CENTER	1120 RITCHIE AVE CLARKSDALE, MS 38614

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F 645	Continued From page 12 or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and policy review the facility failed to accurately complete a Pre-admission Screening and Resident Review (PASRR) and failed to identify a mental disorder resulting in no Level II referral for evaluation for one (1) of five (5) residents reviewed. Resident # 31. Findings include: A record review of the facility's policy titled "Pre-Admission Screening PAS/PASRR (MS Only)", revised 10/18, revealed Level II PASRR- "When a Level 1 screening on a PAS indicates possible Mental Illness or Intellectual Disability and related conditions (RC) the DOM will notify Ascend to review the case ...The Level II evaluation must be completed prior to admission." A record review of the PASRR dated 1/20/23 for Resident #31, revealed diagnosis of Schizophrenia/other psychosis marked under active medical conditions. Under Level II Referral Criteria "NO" was answered to the following questions: "Does this person have a history of cognitive behavior or behavior functions that indicate need for MR evaluation?.. Person has a diagnosis of major mental illness?.. Person takes, or has a history of taking, psychotropic medications? An interview with the Minimum Data Set (MDS) Coordinator on 4/5/23 at 9:00 AM, she revealed prior to admission she completes a PASRR on all	F 645	F-645 PASSARR Screening for MD & ID 1. The Minimum Data Set (MDS) Nurse and the Assessment Nurse were in-serviced on April 6, 2023 on the Pre-Admission Screening and Resident Review (PAS/PASRR) (MS Only) Policy on the importance of completion of the Pre-Admission Screening and Resident Review (PAS/PASRR). 2. All residents have the potential to be affected by the deficient practice. 3. The Medicare Nurse Case Manager, the Assessment Nurse and/or the Director of Nursing must review the information on the Pre-Admission Screening and Resident Review prior to being submitted 4. The Director of Nurses and the Administrator will review all Pre-Admission Screening and Resident Review's on all new admission beginning April 7, 2023, for two months. The Director of Nurses and the Administrator will review and document on copies of the PAS/PASRR. Any problems will be reported to the Quality Assurance Committee by the Director of Nursing or the Administrator. The Director of Nursing and the Administrator will	

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F 645	Continued From page 13	F 645		

residents to screen for possible mental illness diagnosis that may need a Level II referral.

A record review and interview with the MDS Coordinator on 4/05/23 at 02:00 PM, revealed she completed the PASRR on 1/20/22 and review of the PASRR with the State Agency (SA) confirmed it was coded incorrectly resulting in no referral for a Level II PASRR. The MDS Coordinator revealed she marked "NO" to questions under Level II referral criteria when the answer should have been yes related to Diagnosis of Psychosis. The MDS Coordinator revealed when she did the PASSR she was not aware of the psych medications. She also confirmed she completed the Admission Assessment and should have seen the diagnoses and medications then and completed a new PASRR with referral for a level II. The MDS Coordinator confirmed there were no other PASRR's submitted other than the one completed on 1/20/22.

A record review of the Admission Assessment for Resident #31 dated 1/27/22, revealed under section I Active Diagnoses, Psychotic Disorder other than schizophrenia, Paranoid Personality disorder, and unspecified psychosis not due to a substance or physiological condition was coded.

A record review of Resident # 31's Diagnosis list with onset date of 1/20/22 the day of admission, revealed Hallucinations unspecified, Major depressive disorder, Unspecified psychosis not due to a substance or physiological condition, Unspecified dementia with behavioral disturbance, and Paranoid personality disorder.

A record review of the History and Physical dated

report to the Quality Assurance Committee weekly until resolved. On April 10, 2023 the Quality Assurance Committee met with the Medical Director post State Survey exit to review potential tags. The Medical Director will meet with the Quality Assurance Committee on May 2, 20223, to review/approve the Plan of Correction. The Quality Assurance Committee will monitor quarterly until the deficient practice is resolved and will make revisions and/or corrections when needed.

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F 645	Continued From page 14 1/14/23 from Provider #1, revealed under impressions: Psychosis, not otherwise specified, behavioral and psychological symptoms of dementia. Under medications Haldol 0.5 mg (milligrams) twice daily and Seroquel 25 mg twice daily. An interview with the MDS Coordinator on 4/05/23 at 2:48 PM, she revealed the reason for the Level II PASRR referral was to receive any recommendations on proper care and treatment for her mental illness and confirmed by not submitting it Resident # 31 could potentially have increased behaviors from not receiving the proper care she needed. An interview with the Director of Nursing (DON) on 4/05/23 at 3:16 PM, revealed the purpose of the PASSR was to determine the special needs for each individual resident's mental illness and to identify if a resident is appropriate for nursing home placement and if not completed it is possible a resident may not receive the individualized care they need. An interview with the Administrator on 4/06/23 at 8:52 AM, confirmed on admission Resident #31 should have had a PASSR with level II referral. Record review of the Face Sheet revealed that the facility admitted Resident # 31 to the on 1/20/22 with diagnoses of Hallucinations unspecified, Major depressive disorder, Unspecified psychosis not due to a substance or physiological condition, Unspecified dementia with behavioral disturbance, and Paranoid personality disorder.	F 645		
F 656 SS=D	Develop/Implement Comprehensive Care Plan	F 656		5/5/23

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F 656	Continued From page 15 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 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.	F 656		

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F 656	Continued From page 16 (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 resident and staff interview, and record review and the facility policy review the facility failed to develop and implement care plans for residents requiring diabetic nail care and residents who preferred showers for three (3) of 20 residents reviewed. Resident #16, #30 and #42. Findings include: Record review of the facility policy titled "Care Plan Process" with a revision date of 08/17, Page 1, " Regulations require facilities to complete, 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...)The result of the assessment, which must accurately reflect the resident's status and needs, are to be used to develop, review, and revise each resident's comprehensive person-centered plan of care...Page 3 Under , "When implemented properly... Consider each resident as a whole, with unique characteristics and strengths that affect his or her capacity for function; Identify areas of concerns that may warrant interventions; Develop, to the extent possible, interventions ...,in the context of the resident's condition, choices, and preferences for	F 656	F-656 Develop/Implement Comprehensive Care Plan 1. A resident specific care plan has been completed for Residents #16 and #42 related to Nail Care. A resident specific care plan has been completed for resident #30 for showers by the Medicare Nurse Case Manager on April 6, 2023. 2. All residents have the potential to be affected by the deficient practices of not following their plans of care. All care plans for resident's preference of showers or baths and nail care have been reviewed and completed on April 21, 2023, by the Medicare Nurse Case Manager and the Assessment Nurse. 3. Licensed Practical Nurses, Registered Nurses, Activity Director and Social Service Director were in-serviced on April 13, 2023 by the Director of Nurses and the Administrator. On April 18 & 19, 2023 by the Director of Nurses on Care Plan Process Policy dated/revised on August	

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F 656	Continued From page 17 interventions..." Resident #16 On 04/04/23 at 10:16 AM, observed Resident #16 lying in bed, fingernails were long and jagged, approximately. one-half inch past the tips of fingers on both hands, there was a brown substance under each fingernail. LPN #2 confirmed during an interview on 04/04/23 at 02:25 PM, the Comprehensive care plan for Resident #16 under his diabetic nail care was not being followed and it should have been. She revealed the care plan is developed so we the staff know exactly how to take care of the resident. An interview on 04/05/23 at 03:35 PM, the Minimum Data Set (MDS) Assessment Nurse confirmed that Resident #16's care plan for Diabetic nail care weekly; keeping his fingernails clean and trimmed was not being followed and it should have been. A record review of Resident #16's Comprehensive Care Plan with a Problem onset date of 11/09/2017 revealed, Resident has a DX of Diabetes Mellitus (DM)... Approaches ... Diabetic Nail care weekly; Keep fingernails clean and trimmed. Record review of the Electronic Administration Record (EMAR) revealed Diabetic Nail Care Weekly: Keep Fingernails clean and trimmed. Order date of 11/09/17. There was no documentation for nail care completion for March and April 2023.	F 656	2017, on developing , reviewing and revising them. All care plans for resident's preference of showers or baths and nail care have been reviewed and completed on April 21, 2023, by the Medicare Nurse Case Manager and the Assessment Nurse. 4. When a new admission to the facility occurs the Interdisciplinary Team will review the care plans for bathing preferences and nail care on all new admission to the facility in morning Stand Up Meeting. Monitoring will occur five times a week during Stand Up Meeting starting April 7, 2023, by the Interdisciplinary team which consists of the Director of Nurses, the Administrator, the Medicare Nurse Case Manager, the Assessment Nurse, the Medical Records Director and the Social Service Director. The Director of Nurses will report any concerns to the Quality Assurance Committee beginning April 24, 2023. The Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee monthly times three months then quarterly times one year. The Medical Director will meet with the Quality Assurance Committee on May 2, 2023, to review/approve the Plan of Correction. If problems are identified with current corrective action plan, the Quality Assurance Committee will revise the corrective action	

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F 656	Continued From page 18 An interview on 04/05/23 at 03:35 PM, the MDS Assessment Nurse confirmed that Resident #16's care plan for Diabetic nail care weekly; keeping his fingernails clean and trimmed was not being followed and it should have been. Resident #30 A record review of Resident # 30's Care plan revealed a problem onset date of 10/14/2019 revealed, Resident needs assist with ADL's D/T (due to) a decline in mobility R/T (related to) OA (Osteoarthritis)bilateral knees. The goal revealed the resident will be assisted with ADLS (Activities of Daily Living) while promoting max level of independence through next review-3/12/23. Review of the approaches revealed no approaches related to bathing or residents preference for showers. A record review of the MDS with a Assessment Reference Date (ARD) of 12/12/2022, revealed, section F, Preferences for Customary Routine and Activities, Interview for Daily Preferences, C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Is coded 1, indicating that it is Very important. In an interview with Resident # 30 on 4/04/23 at 11:43 AM, she stated that she was unsure of the last time she had a shower. Resident #30 stated that she gets a 'wash up' but no shower and that she would like to have a shower. An interview with the Director of Nursing (DON) and the MDS Coordinator on 4/6/23 at 8:45 AM they verified that since the resident indicated on the MDS that choosing what type of bath she wanted was very important and that they should	F 656	plan as needed until substantial compliance is achieved.	

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F 656	Continued From page 19	F 656		

have asked the resident what she wanted and indicated her choice on her care plan. They verified that the residents choice was not indicated on her care plan , but it should be and that not taking the residents choices into consideration could possibly make the resident feel like her choices were not important.

A record review of the MDS, with an ARD of 3/10/2023. Section C, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.

A record review of the Face Sheet revealed Resident # 30 was admitted on 10/14/2019 with diagnoses that included Malignant neoplasm of parathyroid gland and Bilateral primary osteoarthritis of hip and knee .

Resident #42

On 04/04/23 at 10:22 AM, during an interview and observation revealed Resident #42 sitting in his wheelchair, fingernails were long and jagged approximately. one-half inch past the fingertips, and a brown substance under the nails on both hands. Resident #42 revealed they were too long and he would like them to be cut. He revealed, "It's been a while since they were cut and I don't like them this long."

In an interview on 04/04/23 at 02:35 PM, the Registered Nurse (RN) Supervisor revealed she and the Treatment Nurse do the nails of the diabetics and confirmed that there was no nail care plan for Resident #42 and there should have been.

An interview on 04/05/23 at 03:35 PM, the MDS

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	255267	A. BUILDING _____ B. WING _____	04/06/2023

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F 656	Continued From page 20 Assessment Nurse confirmed that Resident #42's care plan for keeping his fingernails clean and trimmed was not being followed and Resident #42's care plan did not specify diabetic nail care and it should have. An interview on 04/05/23 at 3:55 PM, the MDS Coordinator revealed the plan of care for Resident #14, Resident #16, and Resident #42 should have been developed more individualized to each of the Residents' needs. She revealed as the care plans are written it just reflects that the Residents are to receive weekly nail care and PRN (as needed) but it needs to be a specific day so it will alert the nurse and they will need to sign off that the nail care has been done. She revealed the care plans don't have a measurable timeframe and they should. A record review of Resident #42's Comprehensive Care Plan with a Problem onset date of 11/20/2020 revealed, Resident is dependent on staff for dressing, grooming, and bathing. Approaches ... Nail care weekly. Check condition and clean PRN.	F 656		
F 675 SS=D	Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.	F 675		5/5/23

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F 675	Continued From page 21 This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, staff interviews, and record review the facility failed to provide proper position a resident, in her wheelchair, who required feeding assistance for one (1) of 13 residents observed during the lunch dining observation. Resident # 46. Resident #46 Review of the facility policy titled, "Feeding the Dependent Resident," with a latest revision date of 10/17, revealed "Purpose: To ensure adequate nutrition for residents who are unable to feed themselves. ... 5. Ensure that resident is seated comfortable in upright position. ... 17. Position resident comfortably." An observation on 4/4/23 at 11:52 AM, of Resident #46 during lunch dining, in the main dining room revealed her sitting in her wheelchair with her upper body and left elbow extended over the left armrest of the wheelchair while being fed by Certified Nursing Assistant (CNA) #5. This observation also revealed that small amounts of the food fell off the utensil when CNA #5 attempted to place food in Resident #46's mouth while she was leaning over to the left side. Two (2) of the CNAs in the dining area were observed to physically straighten Resident #46 up and centered her in her wheelchair, but Resident #46 was observed to immediately lean back over to the left side with her upper body and left elbow extended over the left armrest of her wheelchair. CNA #5 was observed to slightly push against Resident #46's left shoulder to straighten her up in the wheelchair but Resident #46 immediately leaned back to the left side with her upper body	F 675	F-675 Quality of Life 1. A Licensed Practical Nurse brought a pillow and positioned resident #46 upright to finish her meal on April 4, 2023. Registered Nurse Supervisor #1 was in-serviced on April 13, 2023 on Quality of Life- Positioning while feeding by the Director of Nurses. Certified Nursing Assistant #5 was in -serviced on April 4 & 18, 2023 on Quality of Life-positioning while feeding by the Director of Nursing. 2. All residents have the potential t be affected by this deficient practice. 3. All Licensed Practical Nurses, Registered Nurses and Certified Nursing Assistants were in-serviced on April 13, 18 & 19, 2023 by the Director of Nursing on the Quality of Life Policy. A Registered Nurse or Licensed Practical Nurse will be in the dining room at meal times to make sure all residents are positioned and comfortable in an upright position during their meal. Positioning devices to be used as needed. Monitoring began on April 7, 2023. All meals will be supervised by a Registered Nurse and/or a Licensed Practical Nurse ongoing. 4. The Dining room Charge Nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 675	Continued From page 22 and left elbow extended over the left armrest of her wheelchair. An observation and interview on 4/4/23 at 12:00 PM with CNA# 5, confirmed the observation that Resident #46 was sitting in her wheelchair in the dining room leaning over to the left side with her upper body and left elbow extended over the left armrest. CNA #5 revealed she was not aware of whether Resident #46 usually leaned over to the left side when she was up in her wheelchair. She did note that Resident #46 needed something in her wheelchair to assist to position her and to hold her up straight. CNA #5 was observed to continue to feed Resident #46 as she leaned over in her wheelchair with her upper body and left elbow extended over the left armrest of her wheelchair. CNA #5 informed Register Nurse (RN) #1, the nurse assigned to monitor the residents eating in the dining room for this lunch dining, that Resident #46 kept leaning to the left. RN #1 replied to CNA #5 that Resident #46 needed a pillow in her chair to help with posture. An observation and interview on 4/4/23 at 12:04 PM with RN #1 confirmed the observation that Resident #46 was sitting in her wheelchair and was leaning over to the left side with her upper body and left elbow extended over the left armrest of her wheelchair, while CNA #5 was feeding her. She also confirmed that she was aware that Resident #46 had issues with poor trunk control for a while since her recent physical decline related to her existing diagnosis of Dementia. She reported that the CNAs must constantly reposition Resident #46 during dining. An observation and interview on 4/4/23 at 12:08 PM with the Director of Nursing (DON), who was	F 675	and/or Registered Nurse will monitor residents for proper positioning during meals. Monitoring began on April 13, 2023. The Director of Nurses, The Registered Nurse Supervisor and Staff Development Nurse will monitor the positioning of the residents during meal times three times a week for four weeks, then monthly for two months and then quarterly for a year. The Director of Nursing will take any concerns to the Quality Assurance Committee for corrective action. The Director of Nursing will report any concerns to the Quality Assurance Committee weekly, then monthly for two months, then quarterly. The Quality Assurance Committee met with on April 10, 2023, to review with the Medical Director post exit of State Survey and the possible tags. The Medical Director will meet with the Quality Assurance Committee on May 2, 2023, to review/approve the Plan of Correction. The Quality Assurance Committee will revise the plan of correction if needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255267	A. BUILDING _____ B. WING _____	04/06/2023

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CLARKSDALE NURSING CENTER	1120 RITCHIE AVE CLARKSDALE, MS 38614

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F 675	Continued From page 23	F 675		

present in the dining room to assist with the lunch dining, confirmed the observation that Resident #46 was leaning to the left side with her upper body and left elbow extended over the left armrest of her wheelchair. She confirmed Resident #46 had a decline due to her existing diagnosis of Dementia and had been having issues with positioning for a while but could not recall how long. She confirmed that the nursing staff could have used a pillow to assist Resident #46 with positioning in her wheelchair. She revealed that Resident #46 being fed while not being properly positioned in an upright position could possibly pose a choking hazard.

An interview on 4/4/23 at 02:15 PM with the Administrator revealed the nursing staff should have used a pillow or a wedge to assist Resident #46 to maintain trunk control in her wheelchair when being fed by the nursing staff. The Administrator confirmed she was aware that Resident #46 had issues with maintaining trunk control but revealed she was not aware that the nursing staff allowed her to lean over to the left side with her upper body and left elbow extended over the left armrest of the wheelchair while being fed. She confirmed there was a possibility of a choking hazard for Resident #46, when being fed by the nursing staff while leaning over to the left side. She confirmed that Resident #46 was not properly positioned in an upright position during dining.

Record review of the Face Sheet for Resident #46 revealed diagnoses of Unspecified Dementia, Unspecified Severity, Anorexia, Vascular Dementia, Unspecified Severity, and Muscle Weakness (Generalized).

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	255267	A. BUILDING _____ B. WING _____	04/06/2023

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F 675	Continued From page 24 Record review of Section C of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 3/6/2023 revealed Resident #46's Brief Interview for Mental Status (BIMS) score was 00, indicating the resident is severely cognitively impaired.	F 675		
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 and resident interviews, facility policy review, and record review, the facility failed to ensure fingernails were clean and trimmed as evidenced by long and jagged nails with a brown substance under nails for three (3) of 54 residents observed. Resident #14, Resident #16, and Resident #42 Findings include: Resident #14 Record review of the facility's, "Nail Care" Policy, revised 10/17, revealed: Purpose ...To promote cleanliness, safety, and a neat appearance ...1. Perform hand hygiene. 7. Remove any debris from under the nails. 8. Trim the nails straight across. 14. Document all appropriate information in the clinical record. During an interview and observation on 04/04/23 at 12:05 PM, Resident #14's fingernails were long and jagged approximately one and one-half (1	F 677	F-677 ADL Care Provided for Dependent Residents 1. Resident #14 nails were cleaned and cut on April 4, 2023 by the Registered Nurse Supervisor. Resident #16 nails were cleaned and cut on April 4, 2023 by the Registered Nurse Supervisor. Resident #42 nails were cleaned and cut by the Director of Nursing, April 4, 2023. 2. All Residents have the potential to be affected by the deficient practice. 3. All Licensed Practical Nurses, Registered Nurses and Certified Nursing Assistants were in-serviced on the policy Nail Care on April 13, 18 & 19, 2023 by the Director of Nursing. Orders were written for nail care and placed on the Electronic Medical Administration Record for nurses	5/5/23

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F 677	Continued From page 25 1/2) inches past the tips of fingers on both hands. Resident #14 revealed he doesn't like his nails that long and has already asked about getting them cut. He revealed they haven't been cut since he was admitted. He revealed he told the Social Director about it and she said she would get someone to cut them. An interview and observation on 04/04/23 at 02:25 PM, Licensed Practical Nurse (LPN) #2 revealed the aides are allowed to do nail care on the residents that are not diabetic. She revealed that Resident #14 is a diabetic and the Registered Nurse (RN) Supervisor or Treatment Nurse does his nail care. LPN #2 asked Resident #14 if he wanted his nails cut Resident #14 replied "Yes". LPN #2 confirmed that his nails were very long and needed to be cut. In an interview on 04/04/23 at 04:29 PM, the Social Director revealed, yesterday Resident #14 came to her office around 11:15 AM and asked if someone could cut his fingernails. She stated I went immediately to the RN Supervisor and asked her to please cut his nails that he had come to my office requesting them to be cut. In an interview on 04/04/23 at 04:35 PM, the Director of Nurses (DON) revealed that she wasn't sure about the schedules for the nails to be done and she would have to get with the RN Supervisor. She confirmed that all the residents should be getting their nails cleaned daily when they are bathed and they should be kept trimmed regularly. Record review of the Electronic Administration Record (EMAR) for March and April 2023 revealed no nail care order.	F 677	to check and initial weekly to assure that proper nail care is being done on all residents. 4. Nail care has been added to all resident's Electronic Medical Administration Record (EMAR). Licensed Practical Nurses or registered Nurses will assess all fingernails weekly and clean and trim as indicated. The Registered Nurse Supervisor will monitor nail care five times a week while making daily rounds. The Director of Nursing will monitor the EMAR weekly for four weeks and then monthly for two months. Monitoring began on April 7, 2023. The director of Nurses will report any concerns to the Quality Assurance Committee. The Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee weekly for four weeks and then quarterly. The Quality Assurance Committee met with the Medical Director on April 10, 2023, post annual State Survey to review potential tags. The Medical Director will meet with the Quality Assurance Committee on May 2, 20223 to review/approve the Plan of Correction for the actual tags. The Quality Assurance Committee will monitor quarterly for one year until the deficient practice is resolved and will make revisions and/or corrections when needed to the current plan of corrections.	

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F 677	Continued From page 26	F 677		

An interview on 04/05/23 at 3:55 PM, the Minimum Data Set (MDS) Coordinator revealed she wasn't sure why the nail care was not showing up on the Electronic Administration Record (EMAR) and confirmed it should be since the resident is diabetic and the nurses need to sign it off.

A review of the Face Sheet revealed Resident #14 was admitted to the facility, on 3/10/23 with diagnoses that included End stage renal disease and Type 2 Diabetes Mellitus.

A review of the MDS, Section C with an Assessment Reference Date (ARD) of 3/20/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #14 is Cognitively intact.

Resident #16

An observation on 04/04/23 at 10:16 AM, revealed Resident #16 was lying in bed, fingernails were long and jagged, approximately one-half inch past the tips of fingers on both hands, there was a brown substance under each fingernail.

An observation on 04/04/23 at 02:05 PM revealed Resident #16 lying in bed with nails long jagged untrimmed, and a brown substance under nails on both hands.

An interview on 04/04/23 at 2:15 PM, the RN Supervisor revealed she or the Treatment Nurse are the ones that usually cut the diabetic's nails, but the aides can clean them, and they will let us know when they need to be trimmed. The RN

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F 677	Continued From page 27	F 677		

Supervisor revealed I don't know if their nails need to be done unless the aides let me know.

An interview and observation on 04/04/23 02:25 PM, in an interview with LPN #2 revealed the aides are supposed to keep the nails clean and can trim them but if they are diabetic the RN Supervisor or Treatment Nurse does the nail care. She confirmed that Resident #16's nails were long, dirty, and jagged and needed to be cleaned and trimmed.

An interview on 04/05/23 at 02:04 PM, the RN Supervisor revealed Resident #16 gets his nails cut as needed which could be every other week or even a month, it's just according to when the aide lets us know they need to be cut. She revealed this is the same for every resident that is a diabetic.

Record review of the Electronic Administration Record (EMAR) revealed Diabetic Nail Care Weekly: Keep Fingernails clean and trimmed. Order date of 11/09/17. There was no documentation for nail care completion for March, and April 2023

A review of the Face Sheet revealed Resident #16 was admitted to the facility on 11/09/17 with diagnoses that included, Hemiplegia following unspecified cerebrovascular disease affecting the right dominant side, Cerebral infarction due to thrombus of left middle cerebral artery and Type 2 Diabetes mellitus.

A review of the MDS, Section C with an ARD of 1/9/2023, revealed a BIMS score of 0, indicating Resident #16 has severe cognitive impairment.

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F 677	Continued From page 28 Resident #42 An interview and observation on 04/04/23 at 10:22 AM, revealed Resident #42 was sitting in his wheelchair with fingernails long and jagged approximately one-half inch past the fingertips, and a brown substance under the nails on both hands. Resident #42 stated "They are too long. I would like them to be cut. It's been a while since they were cut and I don't like them this long." An observation on 04/04/23 at 02:15 PM, Resident #42 was sitting in his wheelchair, fingernails remaining untrimmed, approximately one-half inch past the fingertips, with a brown substance under his nails on both hands. An interview and observation on 04/04/23 at 02:20 PM, CNA #2 revealed she was assigned to Resident #42 today. She revealed it is the responsibility of the nurse to cut the diabetic residents' nails and the aides are responsible for cleaning them and notifying the nurses that they need to be trimmed. She confirmed that Resident #42's nails were long and dirty and needed to be cleaned and trimmed. She wasn't sure the last time they were done. An interview on 04/04/23 at 02:35 PM, the RN Supervisor revealed she and the Treatment Nurse do the nails of the diabetics. She revealed she relies on the aides to let her know when the nails need to be cut since she doesn't see the residents every day. She revealed there are no set days for nail care. She confirmed that Resident #42's nails needed to be cleaned and cut and it was the responsibility of the aide to let her know.	F 677		

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F 677	Continued From page 29 Record review of the EMAR for Resident #42 with an order date of 11/20/20 revealed Nail Care Weekly: Check condition and Clean PRN (as needed). There was no documentation for nail care completion for March and April 2023. A review of the Face Sheet revealed Resident #42 was admitted to the facility on 11/20/20 with diagnoses that included Hemiplegia following cerebral infarction affection left nondominant side and Type 2 Diabetes mellitus. A review of the MDS, Section C with an ARD of 2/8/2023, revealed a BIMS score of 7, indicating Resident #42 has severe cognitive impairment.	F 677		