STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36GR	A. BUILDING: _____ B. WING _____	05/12/2023

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification and a complaint investigation (CI) MS #21115 at the facility on 5/9/23 though 5/12/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state regulations and cited at M610, M640 and M815. At the time of the survey, the facility had a census of 108 and held a license for 120 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff interview and facility policy review the facility failed to provide adequate mouth care to a resident who is dependent on staff for care for one (1) of 108 residents observed for personal care and hygiene. Resident #47 Findings include:	M 610	• Resident #47 was reassessed by unit charge nurse on 5/11/2023 to verify resident's lips were dry. Unit charge nurse applied lip moisturizer and performed oral care. Physician order was written for oral care every 4 hours and as needed (PRN). This was added to the residents Medication Administration Record (MAR) for completion. • All residents have the potential to be	6/25/23

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M 610	Continued From page 1 Review of the facility policy titled, "Increasing Resident Independence, Provision of Care, Treatment, and Service: Resident and Family Education", with a revision date of 11/28/2017, revealed facilities shall promote an atmosphere of respect for human dignity in the provision of healthcare and services provided by the facility. Healthcare providers shall encourage resident independence to engender increased resident self-esteem and confidence. The procedures include ADL (Activities of Daily Living) shall be performed by healthcare providers for those residents who are unable to perform the activities themselves, or who do not have support from family. An observation on 05/09/23 at 5:06 PM, revealed Resident #47 had tube feeding formula infusing. The mucous membranes of Resident #47's mouth and lips were dry with a white line around the top and bottom lips. On 05/10/23 at 2:59 PM, an observation revealed Resident #47's lips were dry and cracked. An observation on 5/11/23 at 8:55 AM, revealed Resident # 47 in bed with dry white flakes on her lips. An observation on 05/11/23 at 9:30 AM, revealed the resident continued to have dry cracked lips with white flakes on her lips. An observation and interview on 5/11/23 at 9:40 AM, with Certified Nursing Assistant (CNA) #1 revealed that she does mouth care on Resident #47 every time she makes rounds. She stated she uses lemon glycerin swabs, but the resident's lips are dry and has scabbing and rubbing them	M 610	affected. • A 100% audit of all NPO residents was conducted by Assistant Director of Nursing on 5/11/2023 to ensure proper oral care. • Unit charge nurse will audit 5 residents weekly, Monday – Friday for 4 consecutive weeks to ensure proper oral care is being performed then audit will continue biweekly for 3 months. Audits will begin 5/30/2023. Beginning 5/29/2023 an in service on proper oral care will be conducted by the Staff Educator for nursing staff and certified nursing assistants. This plan of correction will be monitored at the monthly Quality Assurance meeting beginning 6/16/2023 until such time consistent, substantial compliance has been met. This plan of correction will be discussed at the monthly Quality assurance meetings at minimum for the next 6 months. • Corrective action completion date: June 25, 2023	

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M 610	Continued From page 2 with the swabs or a bath cloth will make them bleed. CNA #1 confirmed the resident's lips should not look like they do with hard dry skin on them. An observation and interview on 5/11/23 at 9:42 AM with the Assistant Director of Nursing (ADON) stated the Resident #47's lips did not look good and confirmed that they were dry and cracked. She stated that they need to find something else to put on her lips to keep them moistened. Review of the facility Face Sheet for Resident #47 revealed an admission date of 5/4/2017 and a readmission date of 11/16/21 with diagnoses that included Downs Syndrome, personal history of Venous Thrombosis and Emboli, and Dysphagia. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/26/23 revealed no Brief Interview for Mental Status (BIMS) score due to Resident #47 being severely impaired-never/rarely made decisions.	M 610		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, facility policy review the facility failed	M 640	• Resident #362 was discharged from the facility on 5/12/2023. Resident #356 still resides at the facility. On 5/10/2023 Director of Nursing assessed resident with	6/25/23

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M 640	Continued From page 3 to ensure the environment is free of potential accident hazards as evidenced by unattended medications left on bedside table for two (2) of 108 residents reviewed. Resident # 356 and #362 Findings include: Record review of the facility policy titled, "Medication Administration" with a revision date of 06/27/19 revealed "Policy ... No medication shall be left at the resident's bedside unless the following is available: Physician order; Self-administration of medication assessment; Care plan ...The nurse administering the medication shall stay with the resident until the medication is taken ..." An observation and interview with Resident #356 on 05/09/23 at 11:10 AM, revealed a light green oval capsule inside a clear medicine cup on the bedside table. The State Agency (SA) inquired whether the resident could self-administer her medications and Resident #356 stated," They bring in my medicine, sit it down on the table, and I take it." The resident confirmed that the capsule on the bedside table was her medication. An observation on 05/09/23 at 3:45 PM, of Resident #356's bedside table revealed a light green capsule inside a clear medicine cup. Record review of the Face Sheet revealed Resident #356 was admitted to the facility on 3/17/23 and re-admitted on 4/11/23 with medical diagnoses that included Displaced Intertrochanteric Fracture Left Femur, subsequent encounter for closed fracture with routine healing, and Aftercare Following Explanation of Hip Joint Prosthesis and Anemia,	M 640	no negative findings. On 5/10/2023 Registered Nurse (RN) unit supervisor assessed each resident assigned to LPN #1 to ensure no other medications were left at the bedside. • All residents have the potential to be affected. • On 5/10/2023 a 100% facility room audit was conducted by the Director of Nursing to ensure proper medication administration to ensure no medications were left at the residents bedside. • Quality Assurance nurse will audit weekly, Monday – Friday 10 resident rooms for 4 consecutive weeks to ensure proper medication administration and then biweekly for 3 months. Audits will begin 5/30/2023. Staff educator will in service all nursing staff on medication administration beginning 5/12/2022. This plan of correction will be monitored at the monthly Quality Assurance meeting beginning 6/16/2023 until such time consistent, substantial compliance has been met. This plan of correction will be discussed at the monthly Quality assurance meetings at minimum for the next 6 months. • Corrective action completion date: June 25, 2023	

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M 640	Continued From page 4 unspecified. Record review of the 5-day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/18/23, revealed under section C a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident # 356 is cognitively intact. Resident #362 An observation on 5/9/23 at 11:40 AM, of Resident #362's bedside table revealed a bottle of nasal spray, a bottle of eye drops, an inhaler, and a bottle of roll-on Lidocaine. Observation and interview on 05/09/23 4:35 PM, with Resident #362 revealed Flonase nasal spray, artificial tears eye drops, lidocaine roll on and an albuterol inhaler on bedside table. Resident #362 verified that the medications were hers and stated that a nurse brought the medications to her and told her the medications were left over from a previous stay at the facility. Resident stated that the lidocaine roll on belongs to her husband and he uses it during the day while he visits. She revealed she knows how to administer the albuterol inhaler and artificial tears and uses them as needed and stated she uses the Flonase nasal spray once daily. Record review of the Face Sheet revealed Resident #362 was admitted to the facility on 4/14/23 with medical diagnoses that included Other Specified Disorders of Muscle, History of Falling, and Epilepsy, unspecified not intractable, without status epilepticus. Record Review of the Minimum Data Set (MDS) Admission 5-day assessment with an	M 640		

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M 640	Continued From page 5 Assessment Reference Date (ARD) of 4/21/23 revealed under section C a Brief Interview for Mental Status (BIMS) score of 14, which indicates Resident #362 is cognitively intact. An interview on 05/10/23 at 5:05 PM, with Licensed Practical Nurse (LPN) # 1 revealed that when she administered medication to a resident, she always stayed in the room to ensure that the resident swallowed the medication and did not choke or spit it out. She revealed that by leaving the medicine in the room, a confused person could wander into the room and take it. She confirmed that neither Resident # 356 or Resident #362 has a physician's order or a care plan to self-administer medication. An interview on 05/10/23 at 5:15 PM, with Registered Nurse (RN) #1 acknowledged that the staff should never leave medicine in a resident room unattended. She stated that it is not safe to leave medications unattended at a resident's bedside. She revealed that neither Resident # 356 or Resident # 362 has a physician's order or a care plan to self-administer her medications. An interview on 05/10/23 at 5:25 PM, with Certified Nurse Aide (CNA) #2 revealed that if she noticed medicine in a resident's room unattended, she immediately notified the nurse. She revealed that a confused resident could accidentally take the medicine without understanding the danger. An interview on 05/12/23 at 9:01 AM, with the Director of Nursing (DON) acknowledged that medicine should not be left in a resident's room. She stated that the nurse should stay with the resident to ensure that the resident took the medication. She revealed by leaving the medicine in the room, the resident could miss a dose, or	M 640		

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M 640	Continued From page 6 someone else could wander into the room and take the medicine.	M 640		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews and facility policy review the facility failed to ensure items in the kitchen refrigerator and freezer were dated and labeled for one (1) of three (3) dietary observations. Findings include: A review of the facility policy titled, "Food Storage" with an initial date of 2021 and a revision date of 3/22 revealed "All foods should be covered, labeled, and dated, and routinely monitored to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded." On 05/09/23 at 10:15 AM, observation and interview of the kitchen with the Dietary Manager (DM) and Dietary Staff #1 revealed in the standing freezer noted a manufactured bag of a food product that was unlabeled and undated. Dietary Staff #1 revealed "that's Panko Chicken tenders" and stated she wasn't sure of when it was opened. She confirmed that the food was not labeled and dated, and it should be. In the main	M 815	• On 5/9/2023 all opened unlabeled and undated food was discarded from the kitchen. • All residents have the potential to be affected. • Dietary managers and dietary staff were in serviced on 5/11/2023 by the dietary district manager on proper food labeling, food expiration dates, storage, and procurement. Dietary managers will hold monthly in services on proper food labeling, storage, and procurement beginning 5/19/023. • Infection control nurse will audit the kitchen coolers, freezers, food expiration dates, and storage areas daily Monday – Friday for 4 consecutive weeks beginning 5/30/2023 and then biweekly for 3 months. This plan of correction will be monitored at the monthly Quality Assurance meeting beginning 6/16/2023 until such time consistent, substantial compliance has been met. This plan of correction will be discussed at the monthly Quality	6/25/23

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M 815	Continued From page 7 standing Walk-in Cooler revealed a pie with approximately 3/4 remaining. Dietary Staff #1 revealed this an a apple pie and needed to be thrown away because it did not have a date. There was a large rectangular aluminum pan with a brown substance on the lid with no label or date. Dietary Staff #1 revealed there are hotdog's in here and I think the brown substance may have been from where it was in the oven, and something leaked on the top of it. There was a large rectangular aluminum pan with a lid was observed with no label, it had a date of 5/2 and a line drawn underneath with the date of 5/5. Dietary Staff #1 identified the food as green bean casserole and revealed that 5/2 was the date it was put in the refrigerator and 5/5 was the date it was supposed to be discarded by. There was a large rectangular aluminum pan with a lid observed with no label or date. Dietary Staff #1 identified the item as being chicken and dumplings and confirmed there were no dates and labels but there should be. Observed one (1) quart-size bag with lettuce, (1) quart-size bag with onions, and (1) quart-size bag of sliced tomatoes were unlabeled and undated. The DM identified the food items in each bag and revealed they should have been labeled and dated and that it is their policy to keep foods labeled and dated. The DM disposed of all unlabeled and undated food items from the standing freezer and walk-in cooler. An interview on 05/09/2023 at 11:05 AM, the DM revealed the dietary staff that puts the food in the refrigerator or freezer is responsible for labeling and dating the food item and then management is responsible to check the refrigerators/freezers the first thing each morning to make sure things are labeled and dated and there are no expired foods. The DM confirmed that food items were	M 815	assurance meetings at minimum for the next 6 months. • Corrective action completion date: June 25, 2023	

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M 815	Continued From page 8 not being labeled and dated and revealed these foods could make a resident sick.	M 815		