STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41LM	A. BUILDING: _____ B. WING _____	05/18/2023

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TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and complaint investigations (CI) MS #21447 and CI MS #21099 at the facility from 5/16/23 through 5/18/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M500 and M1570. The SA determined the facility was not in compliance related to complaint CI MS 21099 and cited M610. The SA determined that the facility was in compliance related to CI MS #21447. The facility census at the time of the survey was 111 and the facility is licensed for 120 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate	M 500		6/23/23

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M 500	Continued From page 1 medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion,	M 500		

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M 500	Continued From page 2 discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;	M 500		

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M 500	Continued From page 3 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level I	M 500	Please consider this Plan of Correction as	

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M 500	Continued From page 4 Based on resident, staff interviews and facility policy review, the facility failed to provide mail services to the residents on Saturday for five (5) of five (5) residents interviewed during the resident council meeting. This has the potential to affect all 111 residents. Findings include; Record review of the Facility Policy titled "Review of the Resident Bill of Rights" revealed each resident has a right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the United States without interference , coercion, including those rights specified herein: A. Facility Residents shall have the right to:... #26. To send and receive mail promptly and unopened. On 5/17/23 at 11:25 AM, during the resident council meeting with five residents with Brief Interview for Mental Status (BIMS) scores of either 14 or 15 (which indicated intact cognitive skills) revealed the residents are not receiving mail on Saturdays. An interview on 5/17/23 at 5:05 PM, with the Hospitality Aide revealed she works 7:00 AM to 7:00 PM and is only off on the third week-end of the month. She stated she gets the mail and sets it in the Administrative Assistant's (AA) window and the AA separates it on Monday and gives her the resident's mail to deliver. She stated that	M 500	Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. The facility will provide all residents the Rights to Forms of Communication w/ Privacy according to Regulations and Rights 483.10 1.The facility failed to provide mail services to the residents on Saturday for five residents who were interviewed. The mail for residents were being delivered on Monday mornings.Beginning 5/19/2023 the Executive Director assigned all members of the Quality Improvement team to weekend management which includes the task of personal mail being delivered to residents beginning 5/20/2023. 2.All residents residing in the facility have the potential to be affected. 3.On 5/19/2023 the Administrator initiated education and in-service with the Quality Improvement team (QI) on Resident Rights that included delivering personal mail to residents on Saturdays during weekend management duties. 4.Beginning the weekend of 5/20/2023	

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M 500	Continued From page 5 residents do get mail delivered on Saturdays and are not able to get it until Monday. She stated that she does not go through the mail. An interview, on 5/17/23 at 5:10 PM, with the Administrative Assistant (AA) revealed the staff or the hospitality aide gets the mail. She stated the mail comes to the box by the road. She stated they put it in her window or keep it at the nurses station and occasionally mail is still in the box on Mondays. She stated that the mail needs to be distributed on Saturday regardless. An interview on 5/17/23 at 5:25 PM, with the Administrator (ADM) revealed the mail should be delivered when it arrives, including Saturday. She stated they do not have a specific policy on mail delivery.	M 500	The assigned weekend QI employee will list all residents receiving mail on the observation weekend manager report and deliver to Executive Director each Monday beginning 5/22/2023. Beginning the week of 5/22/2023 the Executive Director will review the weekend observation report for compliance and follow up with residents listed on the observation report. Beginning 5/22/2023 the Executive Director will meet with Resident Council President monthly times three months to ensure no issues regarding Residents Rights with receiving mail. The continuation of mail being delivered on Saturdays will be ongoing. Beginning 6/23/2023 the Executive Director will present the observation reports to the Quality Assurance Committee monthly times three months for review. The Quality Assurance Committee will determine the frequency of the audits based upon results achieved.	
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;	M 610		6/23/23

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M 610	Continued From page 6 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident interviews, staff interviews, record review and facility policy review, the facility failed to provide Activities of Daily Living (ADL) care including shaving and nail care for two (2) of 111 residents observed for ADL care. Findings include: Review of the facility policy titled, "Fingernails/Toenails Care", reviewed date of 1/15, revealed, " Policy: The purpose of this procedure to clean the nail bed, to keep nails trimmed, and to prevent infections...Key procedural points revealed that, "Nails can be partially cleaned during bath care...Nail care includes daily cleaning and regular trimming...." Review of the facility policy titled, "Shaving - Male and Female", revealed residents will be free of facial hairs - both male and female. If the resident is alert and oriented and requests not to be shaved, this will be noted in the care plan. Resident #77 An observation on 05/16/23 at 03:41 PM, revealed Resident #77 in the hallway in a wheelchair eating a snack. His general appearance was very unkempt. Resident #77 was unshaven, and fingernails were long past the end of his fingertips. His facial hair was approximately one (1) inch long.	M 610	1.On 5/17/2023 the Licensed Practical Nurse (LPN) for Resident #77 cleaned and trimmed resident's fingernails and shaved facial hair. On 5/17/2023 the Assistant Director of Nursing (ADON) cleaned and trimmed Resident #99 fingernails. 2. All Residents residing in the facility have the potential to be affected. 3. On 5/22/2023 an in-serviced was initiated by the Director of Nursing (DON) with all Registered Nurses ensuring care plans for nail care with residents with diabetes are followed. On 5/22/2023 an educational in-service was initiated by Staff Development Coordinator (SDC) with all Licensed Nursing personnel and Certified Nursing Assistants (CNA) on Activities of Daily Living (ADL) care noting facial hairs and fingernails. On 5/22/2023 an educational in-service was initiated by SDC with all Licensed Nursing personnel regarding weekly skin assessment to include if nail care is needed or provided. On 5/22/2023 an education in-service was initiated by the Executive Director with	

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M 610	Continued From page 7 An observation and interview on 05/17/23 at 09:45 AM, revealed Resident #77 unshaven with facial hair approximately 1 inch long. The resident stated that he would like to be shaved every day and his fingernails need to be cleaned and cut. An observation and interview on 05/17/23 03:40 PM, with Certified Nursing Assistant (CNA) #2 confirmed Resident #77's fingernails were long and needed to be cut and that the resident stated he wanted to be kept clean shaven. CNA #2 stated the resident could cut his skin with long nails. An observation and interview on 05/17/23 at 03:50 PM with the Director of Nursing (DON) revealed Resident #77 told the DON concerning his fingernails, "Yeah, they need cutting." The DON stated that the CNAs should assess nails and report to the nurse if they need cutting, because the CNAs are not allowed to cut nails. She stated the nurses should be assessing the residents. She stated her expectation is if the nails need cutting, they should be cut. An interview on 5/18/23 at 3:30 PM with Registered Nurse (RN) #1 revealed the RNs are responsible for diabetic nail care. She stated they are supposed to do it weekly. RN #1 stated that it is on the Medication Administration Record (MAR) for charting on some residents but not all of them. She stated that she thought the RN supervisors usually do diabetic nail care on the weekends, but the nurses should be assessing the resident's nails. Review of the facility Face Sheet for Resident #77 revealed an admission date of 1/30/23 with diagnoses that included Type 2 Diabetes Mellitus	M 610	Department Managers and Support team on making daily rounds checking assigned residents for needed ADL care. 4.Beginning week of 5/22/2023 the observation of ADL Care to include proper grooming and nail care will be completed by the Unit Managers weekly for eight weeks, then monthly for two months utilizing the ADL audit tool. Beginning 5/29/2023 the audit tools will be given to the DON for review. The DON will forward audit tools to the ED . Beginning 6/23/2023 the ED will present the audit tools to the Quality Assurance Performance Improvement Committee monthly times three months for review and recommendation. The Quality Assurance Performance Improvement Committee will determine the frequency of the audits based upon results achieved. Beginning the week of 5/22/2023 the Department Managers and Support team will conduct daily rounds inspection audits(Residents nail care and proper grooming) The audits will be turned in to the Executive Director each morning in Stand-up meeting for review. Any findings will be immediately addressed. The continuation of daily rounds by Department Managers and Support team will be on-going. Beginning 6/23/2023 the ED will present the audits to the Quality Assurance Performance Improvement Committee monthly times three months for review.	

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M 610	Continued From page 8 with Diabetic Neuropathy, Anxiety disorder, and Cerebral Infarction. Review of Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/4/23 revealed a Brief Interview for Mental Status (BIMS) score of five (5) that indicated Resident #77 was severely cognitively impaired. Resident #99 An observation on 05/16/23 at 10:45 AM, of Resident #99 revealed long thick fingernails extending one-forth (1/4) inch from the tip of fingers bilaterally with a brown substance underneath and a foul odor to hands. An observation on 5/17/23 at 8:20 AM, of Resident #99 revealed long thick fingernails extending 1/4 inch from the tip of fingers bilaterally with a brown substance underneath. An interview and observation on 5/17/23 at 3:45 PM, with CNA #1 revealed Resident #99 did need nails trimmed and cleaned. She revealed that the nails should be cleaned when they become dirty and when the resident received his shower. She revealed that the CNA's are responsible for cleaning the nails and the nurses for cutting. An interview and observation on 5/17/23 at 3:52 PM, with Licensed Practical Nurse (LPN) #1 confirmed that Resident #99 had long fingernails that needed cleaning. She revealed she would have to go check and get back with SA about whose responsibility it was to trim the resident's nails since he is a diabetic. She revealed that the resident could potentially break his skin and	M 610	The Quality Assurance Performance Improvement Committee will determine any recommendations if needed.	

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M 610	Continued From page 9 cause an infection. Interview and observation on 5/17/23 at 4:02 PM, with the Director of Nursing (DON) confirmed that Resident #99 had long fingernails with a brown substance underneath. She revealed that the CNA that provides direct care to the resident is responsible for cleaning the nails and the Registered Nurses (RNs) are responsible for cutting the nails. She revealed that the CNA's inform the nurse when the residents nails need trimming. She confirmed that the resident could cause a skin tear or infection. Record review of the Face Sheet revealed Resident #99 was admitted to the facility on 10/27/22 with medical diagnoses that included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease. Record review of the MDS with an ARD of 5/17/23 revealed a BIMS score was not conducted due to Resident #99 is rarely/never understood.	M 610		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education,	M1570		6/23/23

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M1570	Continued From page 10 and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and record review the facility failed to store respiratory equipment in a manner to prevent the possibility of infection, for three (3) of four (4) observations. Resident #7 Findings include: Record review of a statement the facility provided on letterhead dated 5/18/23 that revealed , " We do not have a specific policy for cleaning and storage of individual medical equipment." An observation on 05/16/23 at 11:30 AM, revealed a suction machine with attached tubing and the Yankauer sitting directly on the floor by Resident #7's bedside. The clear, opened packaging was intact over the end of the Yankauer. An observation on 05/16/23 at 3:45 PM, revealed a suction machine with attached tubing and the Yankauer sitting directly on the floor by Resident	M1570	1.On 5/17/2023 the Assistant Director of Nursing (ADON) removed the suction machine and Yankauer from Resident #7 room and cleaned and properly stored it. 2. All Residents residing in the facility have the potential to be affected. 3. On 5/22/2023 the Executive Director initiated in-service and education with Department Managers and Support team on making daily rounds and infection control issues. On 5/22/2023 the Executive Director in-serviced the Housekeeping Staff on proper cleaning of rooms and infection control. On 5/22/2023 the Staff Development Coordinator (SDC) initiated an in-service and education on Infection Control, room rounds and proper storage of equipment	

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M1570	Continued From page 11 #7's bedside. The clear, opened packaging was intact over the end of the Yankauer. An observation on 5/17/23 at 8:20 AM revealed a suction machine with attached tubing and the Yankauer sitting directly on the floor by Resident #7's bedside. The clear, opened packaging was intact over the end of the Yankauer. An interview and observation on 5/17/23 at 4:10 PM, with Licensed Practical Nurse (LPN) # 1 revealed that she was the nurse for Resident #7. She revealed she does not recall seeing the suction machine with the Yankauer attached sitting on the floor by the resident's bedside. She revealed that the suction machine and Yankauer should not be stored on the floor due to infection. The suction machine and Yankauer was not on the floor at this time and an attempt to interview with Resident #7 was not successful. Interview with the Director of Nursing (DON) on 5/17/23 at 4:20 PM confirmed that the suction machine had been removed from Resident #7's room. She revealed that a suction machine and Yankauer should not be placed on the floor, and if the suction machine was used after being placed on the floor, it could cause the resident to have a respiratory infection. She revealed that the facility had in-services on infection control in March and May 2023. An interview with the Administrator (ADM) on 5/18/23 at 09:45 AM, confirmed that the suction machine and Yankauer should never be placed on the floor. She stated that the staff knew that leaving a suction machine on the floor could cause issues such as infection. She stated, "They know that."	M1570	with all licensing personnel and Certified Nursing Assistants. 4.Beginning the week of 5/22/2023 the Department Managers and Support team will conduct daily room inspection audits (Infection control, protective devices and equipment) The audits will be turned in to the Executive Director each morning in Stand-up meeting for review. The continuation of daily rounds made by Department Managers and Support team will be on-going. Beginning the week of 5/22/2023 the Director of Nursing (DON) and/ or ADON will conduct rounds three times week times eight weeks beginning 5/22/2023 to ensure equipment is properly stored and cleaned to prevent infections. Beginning 5/29/2023 the DON will forward the results to the Executive Director (ED) for review. Beginning 6/23/2023 the ED will present the audits to the Quality Assurance Performance Committee monthly times three months for review and recommendation. The Quality Assurance Performance Improvement Committee will determine the frequency of the audits based upon results achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41LM	A. BUILDING: _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M1570	Continued From page 12 Record review of a Hospice Physician's Order dated 11/1/22, revealed, "Suction patient as needed for increased secretions or aspiration. Suction may be provided by hospice nurse during visit or facility nurse if hospice nurse is not present." Record review of the Face Sheet revealed Resident # 7 was admitted to the facility on 8/07/20 with medical diagnoses that included Personal History of Malignant Neoplasm, Anemia, and Dysphasia. Record review of Resident #7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 3/22/23, revealed under section C a Brief Interview for Mental Status (BIMS) score was not completed due to the resident being rarely/never understood.	M1570		