MSDH - Health Facilities Licensure and Certification

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 _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

(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) COMPLETE DATE
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 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, 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.	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	6/23/23

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 _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

(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) COMPLETE DATE
M 610	Continued From page 1 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. 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	M 610	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 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	

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 _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

(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) COMPLETE DATE
M 610	Continued From page 2 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 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	M 610	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. The Quality Assurance Performance Improvement Committee will determine any recommendations if needed.	

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 _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

(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) COMPLETE DATE
M 610	Continued From page 3 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 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.	M 610		

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 _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

(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) COMPLETE DATE
M 610	Continued From page 4 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		