

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2023
NAME OF PROVIDER OR SUPPLIER TUPELO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 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 Medicare and Medicaid requirements for participation and cited regulatory deficiencies at F576, F656, F697, F758, F761, and F880. The SA found the facility to be in compliance related to CI MS #21447 and found the facility to not be in compliance related to CI MS #21099 and cited F677 related to activities of daily living.	F 000			
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, 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	F 677	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.	6/23/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/01/2023

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2023
NAME OF PROVIDER OR SUPPLIER TUPELO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 677	Continued From page 1 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 nails. An observation and interview on 05/17/23 at 03:50 PM with the Director of Nursing (DON)	F 677	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 6/23/2023 the ED will present the audit tools to the Quality Assurance Performance Improvement Committee		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2023
NAME OF PROVIDER OR SUPPLIER TUPELO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 677	Continued From page 2 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 An observation on 05/16/23 at 10:45 AM, of Resident #99 revealed long thick fingernails extending one-fourth (1/4) inch from the tip of fingers bilaterally with a brown substance	F 677	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.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255136		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2023	
NAME OF PROVIDER OR SUPPLIER TUPELO NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE
F 677	Continued From page 3 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. Record review of the Face Sheet revealed Resident #99 was admitted to the facility on			F 677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2023
NAME OF PROVIDER OR SUPPLIER TUPELO NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 677	Continued From page 4 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.	F 677			