STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255207	A. BUILDING _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA COMMUNITY LIVING CENTER	4403 HOSPITAL ROAD PASCAGOULA, MS 39581

(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, along with two (2) Complaint Investigations (CI) MS #21491 and CI MS #21492, at the facility from 05/21/23 through 05/25/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated MS #21491 related to pressure sore precautions and there were no deficiencies cited related to the complaint. MS #21492 was investigated related to neglect and facility staffing and F725 was cited. The SA also cited F550, F584, F644, F645, F656, F677, F684, F690, F732, and F761 during the survey. The facility held a license for 100 beds with a census of 93.	F 000		
F 725 SS=H	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide	F 725		6/20/23

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

Electronically Signed | 06/17/2023

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F 725	Continued From page 1 nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure there were sufficient staff to meet the needs of residents for one (1) of two (2) Units in the facility, the South Wing. This deficient practice had the potential to affect 55 residents who reside on the South Wing. Findings include: Review of the facility's policy, "Staffing", revised October 2017, revealed, " ...Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation ...2. Staffing numbers ...of direct care staff are determined by the needs of the residents based on each resident's plan of care ...Direct care staffing information per day ...is submitted to the CMS (Centers for Medicare and Medicaid Services) payroll-based journal (PBJ) ...no less than once a quarter ...." A record review of the "PBJ Staffing Data Report"	F 725	All residents were assessed by the Director of Nursing on 05/24/2023 with no adverse effects found. Ads were placed on 05/25/2023 for contract nurses and certified nursing assistants and will run continuously until all staffing needs are met. The Direct Care Staff will be increased to include weekends to ensure we are adequately staffed effective 05/25/2023 and will be maintained continuously to meet state and federal staffing requirements and to provide adequate care for all residents who reside in the facility. The on-call person will make great efforts to maintain the proper staffing ratio and make calls or texts to achieve this when a call-out has been placed by an employee effective 05/25/2023 and ongoing, if there is any issues with coverage the on- call person will notify the Director of Nursing and the Administrator for further guidance. All residents have the potential to be	

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F 725	Continued From page 2 for October 1 through December 31, 2022, revealed "Excessively Low Weekend Staffing" was triggered which meant the data submitted by the facility indicated that weekend staffing data was excessively low. A record review of the facility's floor plan revealed the "South Wing" consists of resident rooms 1-34. During an interview on 10/21/23 at 11:15 AM, with CNA #2, she said she started her shift at 7:00 AM and had to leave at 11:30 AM. CNA #2 said she was assigned to the South Wing, Rooms 1-8. She confirmed she did not provide care to rooms 24-34 because there were only two (2) CNAs assigned to the South Wing, and she could not get to those residents. She said that CNA #1 had come in at 10:00 AM to care for the residents in rooms 24-34 on the South Wing. On 05/21/23 at 12:20 PM, during an observation and interview with Resident #25, there was a strong, foul odor in the room. Resident #25 explained that she had a bowel movement around 10:00 AM, but no one had come to change her. She said that she had told a Certified Nurse Aide (CNA) that she needed assistance, but the CNA did not come back to clean her up. Resident #25 said she had to eat lunch while sitting in her dirty brief. Resident #25 also commented that the staff do not like for her to use her call light because they say they are short of staff and don't have time to answer the light. On 5/21/23 at 12:30 PM, in an interview with Certified Nurse Aide (CNA) #3, she stated that there were two (2) CNAs working on South Wing.	F 725	affected. The Staffing Development Nurse was in-serviced on 05/30/23 by the Director of Nursing on the importance and requirements of daily direct care staffing needs. The Certified Nursing Assistants and Nurses that were on duty on 05/21/23 were educated by the Administrator on resident rights, dignity and respect, activities of daily living (ADL) care and routine check policies on 05/23/2023. All staff were in-serviced by the Social Worker on resident rights and dignity beginning 05/30/2023 and ending 06/14/2023. The Quality Assurance Performance Improvement (QAPI) Team met on 05/24/2023 and discussed policy related to staffing and postings according to state and federal regulations, no revisions needed at this time. The QAPI team implemented a plan that Direct care staffing needs will be maintained by Human Resource Director, records of daily staffing needs will be discussed and maintained by the Administrator and the Director of Nursing, and any critical needs will be addressed immediately beginning 05/25/2023 and ongoing thereafter. The Facility Assessment Tool Part one (1) our resident profile and part three (3) facility resources were reviewed and will be updated no later than 06/20/2023. Ads were placed on 05/25/2023 for contract nurses and certified nursing assistants	

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F 725	Continued From page 3 On 5/21/23 at 12:35 PM, in an interview with CNA #1, she explained she was called in around 10:00 AM and was assigned to the South Wing. CNA #1 said she answered Resident #25's call light when she came in at 10:00 AM and told the resident that she was starting her rounds at the beginning of the hall and would work her way back to her. On 05/21/23 at 12:40 PM, during an observation with CNA #1 and CNA #3 revealed Resident #25 had a large, loose bowel movement that had saturated and leaked through her brief onto the incontinence pad on the bed. The resident's buttocks, sacrum, and thighs had red discoloration and excoriation. The resident was crying and complaining of pain during care. A record review of the "Admission Record" revealed the facility admitted Resident #25 on 8/24/17 and she had diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/13/23 revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Further review revealed she required extensive assistance with toilet use and was always incontinent of bowel. During an interview on 5/23/23 at 10:00 AM with the Activity Director, she confirmed that she usually worked a double shift as a CNA twice a week due to low staffing.	F 725	and will run continuously until all staffing needs are met. The Staff Development Registered Nurse and on- call nurse will update the Director of Nursing daily on any staffing changes or needs beginning 05/25/2023 and ongoing thereafter. The Director of Nursing, the Assistant Director of Nursing and the Human Resources Director will notify the Staff Development Registered Nurse of any new hires so they may be added to the direct care schedule accordingly effective 05/25/2023. Beginning on 05/30/2023 the Administrator will provide a weekly report to the Regional Director of Operations on direct care staffing needs and ongoing thereafter. Any findings will be brought to the monthly QAPI meeting beginning 06/20/2023 and ongoing thereafter.	

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During an interview on 5/24/23 at 3:30 PM, with Staff Development Registered Nurse (RN) #1, she stated that the facility had been short of staff for a while. RN #1 said that 35 of the 55 residents on the South Wing required extensive assistance and would require five (5) or six (6) CNAs to meet those residents' needs adequately. RN #1 also said she was aware that the facility only had three (3) CNAs scheduled for Sunday 5/21/23 on day shift on the South Wing. RN #1 said she tried to ask people to work extra or work a double shift and was unsuccessful. RN #1 confirmed that it would be "impossible" for two (2) CNAs to meet the needs of 55 residents.

During an interview on 5/24/23 at 4:00 PM, with the Director of Nursing (DON) and the Administrator, they confirmed the facility was short of staff. The Administrator said that the facility is unionized, and the union dictates the pay and the amount of time that staff can work. The Administrator commented that new employees go to work "down the street" to make more money. The Administrator stated that she had talked with the corporate office to make them aware of the staffing concerns and the facility had discussed bonus pay for new hires. She said the facility currently hired contract workers through the facility and not through outside contract workers. The Administrator said she did not know that only three (3) CNAs were scheduled to work the South Wing on 5/21/23 and that staffing shortages were discussed during daily stand-up meetings. The DON confirmed that she was aware there were three (3) CNAs scheduled for Sunday, but she thought some of the staff might stay over to assist, and she thought RN #1 would call and let her know if the facility was short-staffed. She said she would have called in

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F 725	Continued From page 5	F 725		

the admission nurse, office staff, or would have come in herself to cover staffing if she had known. The DON confirmed she has had to pull the office staff to work as CNAs to provide care.

During an interview on 5/25/23 at 3:00 PM with the Medical Director (MD), he said he was aware the facility was short of staff, however, he was not aware that the facility was extremely short of staff until today (5/25/23) and he had talked to the Administrator about it.

Record Review of the "Facility Assessment Tool", undated, revealed there was no information completed for "Part 1: Our Resident Profile" to include information regarding resident census, diseases/conditions, physical and cognitive disabilities, and resident acuity. There was also no information completed for "Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies" to include a Staffing plan to ensure a sufficient number of qualified staff are available to meet each resident's needs and there was no description of how the facility determines and reviews individual staff assignments for coordination and continuity of care for residents.