STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 at the facility from 06/19/2023 through 06/22/2023. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F604 and F656. The facility had a census of 68, and was licensed for 99.	F 000		
F 604 SS=E	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that	F 604		7/28/23

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

Electronically Signed | 07/07/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 1 are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to identify physical restraints related to the use of full-length bed rails and a lap buddy (type of chair restraint) for ten (10) of 19 sampled residents. Resident #1, Resident #10, Resident #13, Resident #19, Resident #41, Resident #45, Resident #54, Resident #58, Resident #60, and Resident #61. Findings Include: A record review of the facility's policy "Physical Restraint Application Policy", dated January 2018, revealed "Policy: The purpose of this procedure is to provide safety or postural support of a resident to prevent injury to the resident or others when the resident has medical symptoms that warrant the use of restraints ... Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body ... If a resident cannot mentally and physically self-release, then the device is considered a restraint ..." Resident #1	F 604	1.On 7/5/2023 Residents #1, 10, 13, 19, 41, 45, 54, 58, 60, &61 were assessed by nursing. Full rails were removed by maintenance department, on 7/6/2023, in attempts to use the least restrictive alternative while monitoring for resident's safety and mobility. On 7/5/2023 Resident #41 was assessed for using a lap buddy and the lap buddy was removed, by Director of Nursing, in attempts to use the least restrictive alternative. 2.All residents with physician orders for full side rails have been identified as having the potential to be affected. All residents with physician order for a lap buddy would be identified as having the potential to be affected, resident #41 is the only one in the facility. 3.All resident with full side rails are being evaluated by nursing on 7/5/2023, for possible use of none or assist rails. Will monitor for safety and mobility during rounds while resident is in bed by using Bed Rail Safety/Mobility Monitoring Identification sheets that began on 7/6/2023. 4.Monitoring for safety and mobility will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 2 On 06/19/23 at 01:17 PM, during an observation, Resident # 1 was lying in bed with head of bed elevated and there were two (2) full-length bed rails that were raised. A record review of the "Admission Record" revealed the facility admitted Resident #1 on 10/10/2007 with diagnoses including Unspecified Convulsions, Spastic Hemiplegia Affecting Right Dominant Side, and on 08/06/2021, a new diagnosis of Spastic Hemiplegia Affecting Left Nondominant Side. A record review of the "Order Review History Report" revealed Resident #1 had a Physician's Order, dated 6/27/2016, for " ...full (length) padded side rails up x (times) 2 r/t (related to) convulsions and spastic hemiplegia ..." Resident #10 On 06/19/23 at 11:03 AM, the SA observed Resident #10 lying in bed, with two (2) full-length side rails that were raised on both sides. A record review of the "Admission Record" revealed the facility admitted Resident #10 on 06/30/2010 with diagnoses including Epilepsy and Hemiplegia. A new diagnosis was added on 05/16/2016 of Conversion Disorder with Seizures or Convulsions. A record review of the "Order Summary Report" with active orders as of 06/20/2023, revealed Resident #10 had a Physician's Order, dated 5/8/2018 for " ... full padded side rails up x2 for safety and seizure precautions..." Resident #13	F 604	conducted by nursing staff every hour for 48 hours, beginning 7/6/2023, then every 2 hours for 48 hours, followed by every shift for 4 weeks. Quality Assurance Nurse began in-service on the use of Physical Restraints for all staff beginning on 6/30/2023. Any changes made to rails and lap buddy were discussed by the Quality Assurance committee on 6/30/2023. QA team met and reviewed changes to rails and lap buddy again on 7/7/2023. No issues at this time, monitoring continuing. QA will continue to meet weekly to review side rails and lap buddy until 7/27/2023, then quarterly. The QA nurse will be responsible for bringing all documentation regarding changes for rails and lap buddy to the QA team. Corrective action was started on 7/5/2023. Expected completion date is 7/28/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 3	F 604		

On 06/19/23 at 11:15 AM, Resident #13 was observed lying in the bed with two (2) full-length side rails that were raised.

On 06/21/23 at 01:00 PM, during an interview and an observation, Resident #13 was lying in bed and both full-length side rails were raised. Resident #13 confirmed she could not release the rails on her own and that the bed rails were used to prevent her from falling out of bed.

A record review of the "Admission Record" revealed the facility admitted Resident #13 on 02/09/2023 with diagnoses including Multiple Sclerosis and Other Muscle Spasm.

A record review of the "Order Summary Report" with active orders as of 06/22/2023, revealed Resident #13 had a Physician's Order, dated 2/9/2023, for " ... Full side rails up x 2 for safety per res (resident) request ..."

A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/16/2023 revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.

Resident #19

On 06/21/23 at 02:25 PM, Resident #19 was observed lying in bed and he had two (2) raised full-length bed rails.

A record review of the "Admission Record" revealed the facility admitted Resident #19 on 08/17/2019 and she had diagnoses including Unspecified Psychosis, Cerebrovascular Disease,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 4	F 604		

and Dementia.

A record review of the "Order Review History Report" revealed Resident #19 had a Physician's Order, dated 8/17/2019, for "Full side rails up x2 to define bed boundaries ..."

Resident #41

On 06/19/23 at 11:35 AM, during an observation, Resident #41 was sitting in the day room in a wheelchair. The wheelchair had a lap buddy (a form of chair restraint) with Velcro straps to the side of the chair. Resident #41 was confused and was not oriented.

On 06/19/23 at 02:06 PM, during an interview with Certified Nurse Aide (CNA) #1, she explained Resident #41 had Alzheimer's Disease and was unable to make her needs known. She confirmed that Resident #41 could not remove the lap buddy and that it was used to prevent Resident #41 from leaning forward and falling out of the wheelchair.

On 06/20/23 at 10:15 AM, during an interview with Licensed Practical Nurse (LPN) #1, she explained Resident #41 always wore the lap buddy when she was in her wheelchair for positioning and to prevent her from leaning forward out of the chair. She stated that without the lap buddy, Resident #41 would fall forward. She confirmed that Resident #41 was unable to remove the lap buddy due to her Dementia.

On 06/20/23 at 1:20 PM, Resident #41 was lying in bed with two (2) raised full-length padded bed rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 5	F 604		

On 06/20/23 at 1:50 PM, during an interview with CNA #2, she explained Resident #41 had the lap buddy and the padded bed rails in place for fall prevention. She explained that Resident #41 was unable to remove the lap buddy or the bed rails on her own.

A record review of the "Admission Record" revealed the facility admitted Resident #41 on 02/25/2019 and she had diagnoses including Alzheimer's Disease and Vascular Dementia.

Record review of the "Order Summary Report" with active orders as of 06/22/2023, revealed Resident #41 had a Physician's Order, dated 10/6/2021, for "May utilize lap buddy to w/c (wheelchair) as needed to assist with positioning r/t poor trunk control" and a Physician's Order, dated 7/20/2021 for "Full siderails up x 2 for bed mobility and safety ..."

Resident #45

On 06/19/23 at 11:20 AM, in an observation, there were two full-length bed rails on the resident's bed. The resident was not in the room at the time of the observation.

On 06/20/23 at 10:00 AM, during an interview with LPN #1, she explained Resident #45 had not had any recent falls and that he had full-length bed rails that were raised for bed mobility and safety.

On 06/20/23 02:22 PM, during an interview with CNA #3, she confirmed Resident #45 was unable to lower the bed rails on her own.

On 06/20/23 at 02:45 PM, observed Resident #45

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 6	F 604		

lying in bed with full-length bed rails that were raised.

A record review of the "Admission Record" revealed the facility admitted Resident #45 on 02/28/2018 and she had diagnoses including Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, and Unspecified Dementia.

A record review of the "Order Summary Report" with active orders a of 06/20/2022, revealed Resident #45 had a Physician's Order, dated 3/24/2022, for " ... Full side rails up x2 for bed mobility and safety ..."

Resident #54

On 06/21/23 at 01:43 PM, during an observation and interview, Resident #54 was lying in bed with two raised full-length bed rails. Resident #54 explained staff pulled up both full-length bed rails to prevent him from falling. Resident #54 reported he could not lower the bed rails on his own if he wanted to.

A record review of the "Admission Record" revealed the facility admitted Resident #54 on 01/25/2022 with a diagnosis of Metabolic Encephalopathy.

A record review of the "Order Summary Report" with active orders as of 06/20/2023, revealed Resident #54 had a Physician's Order, dated 6/19/2023 " ... Full side rails up x2 for bed mobility & (and) per resident request ..."

A record review of the Quarterly MDS with an ARD of 04/11/2023, revealed Resident #54 had a BIMS score of 13, which indicated he was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 7	F 604		

cognitively intact.

Resident #58

On 06/19/23 at 11:50 AM, observed Resident #58 in his room sitting in a wheelchair. There were two raised full-length bed rails on his bed.

On 06/21/23 at 02:00 PM, during an interview with CNA #4, she explained bed rails are always used for safety when Resident #58 is in his bed. CNA #4 also confirmed that Resident #58 was unable to lower the bed rails on his own.

On 06/22/23 at 09:00 AM, during an interview with Resident #58, he explained the staff always raised the bed rails when he is in bed for safety and that he could not lower them if he wanted to. Resident #58 denied any recent falls or seizures.

A record review of the "Admission Sheet" revealed the facility admitted Resident #58 on 12/07/2021, and he had diagnoses including Encounter for Orthopedic Aftercare Following Surgical Amputation, Acquired Absence of Right Leg Above Knee, Epilepsy, and Acquired Absence of Left Leg Above Knee.

A record review of the "Order Summary Report" with active orders as of 06/20/2023, revealed Resident #58 had a Physician's Order, dated 09/28/2022, for "Full padded side rails up x2 for safety and seizure precautions."

A record review of the Quarterly MDS with an ARD of 05/06/2023 revealed Resident #58 had a BIMS score of 8, which indicated his cognition was moderately impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 8	F 604		

Resident #60

On 06/19/23 at 11:29 AM, during an interview and observation, Resident #60 was lying in bed and had two (2) raised full-length bed rails. Resident #60 explained the bed rails were raised for safety for fear of falling out of bed.

On 06/20/23 at 10:00 AM, during an interview with LPN #1, she explained Resident #60 had full-length bed rails that were raised for safety but stated that Resident #60 could not lower the bed rails on her own.

A record review of the "Admission Record" revealed the facility admitted Resident #60 on 03/06/2023 and she had diagnoses including Secondary Malignant Neoplasm of Brain and Hemiplegia Unspecified Affecting Left Nondominant Side.

A record review of the "Order Summary Report" with active orders as of 06/23/2023, revealed Resident #60 had a Physician's Order, dated 03/11/2023, for "Full side rails up x 2 per resident request for bed mobility and fear of falling out of bed."

A record review of the Quarterly MDS with an ARD of 06/12/23 revealed Resident #60 had a BIMS score of 13, which indicated she was cognitively intact.

Resident #61

On 06/19/23 at 02:44 PM, during an observation, Resident #61 was lying in bed and had two (2) raised full-length bed rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 604	Continued From page 9 A record review of the "Admission Record" revealed the facility admitted Resident #61 on 03/23/2023 and she had diagnoses including of Heart Failure and Unspecified Psychosis. A record review of the "Order Summary Report" with active orders as of 06/20/2023, revealed Resident #61 had a Physician's Order dated 6/19/2023, for "Full assist rails on bed as requested by resident for bed mobility." On 06/19/23 at 03:00 PM, during an interview with the Administrator, she explained the facility is a no restraint facility. On 06/22/23 at 10:30 AM, during an interview with Administration and the Director of Nursing (DON), they confirmed the facility does use full bed rails per resident/family request and for safety measures. They explained they understand the definition of restraints and the residents cannot lower or remove the full bed rails on their own. They confirmed the lap buddy can not be removed by Resident #41. The facility did not try the least restrictive measures before implementing the full bed rails and did not assess residents for entrapment. The Administrator reported the owner advised the facility to remove all full-length bed rails on Monday 06/19/23 after the State Agency entered the facility but it was explained to the owner an assessment would need to be completed on the resident's prior to removing the bed rails.	F 604		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and	F 656		7/28/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 656	Continued From page 10	F 656		

implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 656	Continued From page 11 §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to develop a care plan for physical restraints related to the use of full length bed rails and a lap buddy (a form of chair restraint) for 10 of 19 residents sampled. Resident #1, Resident #10, Resident #13, Resident #19, Resident #41, Resident #45, Resident #54, Resident #58, Resident #60, and Resident #61. Findings include: A record review of the facility's policy "Comprehensive Care Plans", dated September 2018, revealed "Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident's rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment ..." A record review of the medical record revealed there was no care plan developed related to the use of restraints for Resident #1, Resident #10, Resident #13, Resident #19, Resident #41, Resident #45, Resident #54, Resident #58, Resident #60, and Resident #61. During an interview on 06/22/23 at 10:30 AM, with the Administrator and the Director of Nursing	F 656	1.On 6/30/2023 Care plans of residents #1, 10, 13, 19, 41, 45, 54, 58, 60, &61 were reviewed in Quality Assurance committee, no changes at this time. On 6/30/2023 Care plan of resident #41 was reviewed by QA committee and updated to indicate changes for resident with a lap buddy. 2.All residents with physician orders for full rails have been identified as having the potential to be affected. All residents with a physician order for a lap buddy would be identified as having the potential to be affected. Resident #41 is the only one in the facility with a lap buddy. 3.The interdisciplinary team is responsible for writing/reviewing care plans and was in-serviced on the facility's policy for Physical Restraints on 6/30/2023 by QA nurse. Care Plans of residents #1, 10, 13, 19, 41, 45, 54, 58, 60, & 61 were reviewed by QA committee and changed based on new physician's order 7/5/2023. 4.QA reviewed and updated care plans on 7/5/2023, then will review weekly for 4 weeks, then quarterly. The Interdisciplinary team will be completing the monitoring of the care plans.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 656	Continued From page 12 (DON), they confirmed the facility used full bed rails for Resident #1, Resident #10, Resident #13, Resident #19, Resident #41, Resident #45, Resident #54, Resident #58, Resident #60, and Resident #61 and these residents were unable to lower or remove the bed rails without assistance. They also confirmed that Resident #41 used a lab buddy for positioning and is unable to remove the devices without assistance. Both the DON and Administrator explained that a care plan should have been developed for restraints for Resident #1, Resident #10, Resident #13, Resident #19, Resident #41, Resident #45, Resident #54, Resident #58, Resident #60, and Resident #61. On 06/22/23 at 11:10 AM, during an interview with Licensed Practical Nurse (LPN)#2/Minimum Data Set (MDS)-Care Plan Nurse, she confirmed she did not develop or initiate care plans related to restraints for Resident #1, Resident #10, Resident #13, Resident #19, Resident #41, Resident #45, Resident #54, Resident #58, Resident #60, and Resident #61. She stated that any residents with a restraint should have a care plan in place for the restraint.	F 656	Monitoring of care plans began on 7/5/2023 after they were updated to reflect changes. The QA nurse will be responsible for bringing all documentation regarding changes in care plans to the QA team. Corrective action was started on 7/5/2023. Expected completion date is 7/28/2023.	