STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13DM	A. BUILDING: _____ B. WING _____	07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUGAN MEMORIAL HOME	26894 EAST MAIN STREET WEST POINT, MS 39773

(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 re-certification survey at the facility from 7/11/23-7/13/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and cited M610 and M815. The census at the time of the survey was 56 and the facility is licensed for 60 beds.	M 000		
M 610 SS=D	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 observations, staff interviews and facility policy review, the facility failed to provide personal hygiene to a resident requiring assistance as evidenced by long nails with a brown substance underneath for one (1) of 14 residents sampled. Resident #5 Findings include: Review of the facility policy titled "Nail Care" with no revision date revealed, "Policy: The purpose of	M 610	•On 7/12/2023, resident #5 had his nails trimmed and cleaned by a Certified Nursing Assistant and checked by the Director of Nursing. •All residents have the potential to be affected. •On 7/12/2023, all residents' nails were checked for appropriate length and cleanliness by Infection Control Nurse, Director of Nursing and Director of Clinical Support. The affected residents' fingernails were trimmed and cleaned. On	8/15/23

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M 610	Continued From page 1 this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health. Policy Explanation and Compliance Guidelines: ... 3. Routine cleaning and inspection of nails will be provided during Activity of Daily Living (ADL) care on an ongoing basis. 4. Principles of nail care: a. Nails should be kept smooth to avoid skin injury. b. Only licensed nurses shall trim or file fingernails of residents with diabetes..." An observation on 7/12/23 at 8:15 AM, revealed a contracture to Resident # 5's right hand with all fingers bent inwardly toward the palm of the hand. A hand roll was observed intact and inside the palm of the hand and the skin was intact. Fingernails noted to be approximately three-eighths (3/8) inch in length with a brown substance underneath. An observation and interview on 7/12/23 at 9:32 AM, with Certified Nurse Aide (CNA) #1 confirmed that Resident # 5's fingernails on the right hand were long and had a brown substance underneath. She stated, "Yeah, they are pretty long and need cleaning." She acknowledged that Resident # 5's long nails and hand contracture could result in skin breakdown. Furthermore, she revealed that the CNA's should clean and trim the residents' nails whenever they are needed. An interview with the Director of Nursing (DON) on 7/12/23 at 9:38 AM, confirmed that Resident #5's fingernails on the right hand were long and had a brown substance underneath. She stated, "They are dirty and way too long." She confirmed that the aides are responsible for cleaning and trimming the fingernails of the residents that are not diabetic. She stated, "They should be looking at the nails every day and during bathing; This is	M 610	7/13/23, an Inservice began for all licensed staff and interdisciplinary team on the facility nail care policy. Inservice on nail care policy completed on 7/20/2023. The Inservice was completed by the Director of Nursing, Infection Control Nurse and Administrator. •The Director of Nursing, Registered Nurse Supervisors, and Infection Control Nurse will conduct five weekly observations for proper nail care for a total of twenty-five residents per week for four weeks beginning 07/17/2023, then monthly for three months to ensure staff are providing appropriate nail care. The observation reports will be reviewed by the Quality Assurance and Performance Improvement Plan Committee starting on 08/15/2023 and monthly times three months, and thereafter until a time in which consistent substantial compliance has been achieved and as determined by the committee. If any issues are identified with nail care, the Quality Assurance and Performance Improvement Plan Committee will track and trend any noncompliance and make recommendations that may include further training or corrective actions of employees.	

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M 610	Continued From page 2 everyday stuff." Record review of the Admission Record revealed Resident #5 was admitted to the facility on 6/10/16 with medical diagnosis that included Alzheimer's disease, Unspecified Osteoarthritis and Cerebrovascular Disease. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/28/23 revealed under section C a Brief Interview for Mental Status (BIMS) score of 09, indicating Resident #5 is moderately cognitively impaired and in Section G that the resident was totally dependent on staff for personal hygiene and bathing.	M 610		
M 815 SS=F	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observations, staff interview and facility policy review, the facility failed to store food items in a manner that maintains the safety of the food as evidenced by uncovered, unlabeled and undated food in the refrigerator and freezer for one (1) of two (2) kitchen tours. Findings Include Record review of the facility policy titled "Storage of Food and Supplies" with a revision date of	M 815	•On 7/11/2023 all uncovered containers and non-labeled-dated items were discarded by the dietary supervisor. •All residents have the potential to be affected. •On 7/11/2023 an Inservice began on food storage policy by Regional Executive Chef. Inservice was completed on 7/12/2023 and included all dietary staff. •The kitchen, refrigerator, and freezers will be visual inspected weekly by the dietary manager for compliance with facility food storage policy for four weeks beginning	8/15/23

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M 815	Continued From page 3 12/7/2020 revealed under, "Description: all food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption." Also revealed under, "Method/How To/Procedure: ... Cover, label and date unused portions and open packages." An observation of the chest freezer with the Dietary Supervisor on 7/11/23 at 9:15 AM, revealed a large round clear container with a dark yellow substance inside and no covering. There was no label observed to identify the substance or the date it was opened. An interview with the Dietary Supervisor revealed the item was frozen mango ice cream that was left over from 2 days ago. She confirmed that the mango ice cream did not have a cover and was unlabeled and undated. She confirmed that all items placed in the freezer should have a lid or cover over it and a label with the date it was opened so that food does not become contaminated. An observation of the refrigerator with Dietary Staff #2 on 7/11/23 at 9:45 AM, revealed three (3) small clear bowls with a tan substance inside and no covering. No labels noted to identify the substance or the date it was prepared. An interview with Dietary Staff #2 revealed the substance was applesauce, and she confirmed the bowls were uncovered and undated. She stated, "I'm not going to lie to you; I don't know how long that's been in there." She stated, "That's not supposed to be in there like that." She revealed it's important to label and date everything in the kitchen so that the food can be thrown out when the use by date has expired. She also stated, "It's no way to know how long it's (the applesauce) been in there."	M 815	07/17/2023 and then monthly for three months. The observation reports will be reviewed by the quality assurance and performance improvement plan committee starting on 08/15/2023 and monthly times three months and thereafter until a time in which consistent substantial compliance has been achieved and as determined by the committee. If any issues are identified with uncovered or non-labeled-dated items, the Quality Assurance and Performance Improvement Plan Committee will track and trend any noncompliance and make recommendations that may include further training or corrective actions of employees.	

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M 815	Continued From page 4 An observation of the walk-in freezer with the Dietary Supervisor on 7/11/22 at 9:55 AM, revealed an open package of four (4) ounce whole kernel corn and an open clear bag of fries that were both unlabeled and undated. An interview with the Dietary Supervisor confirmed that the package of corn and fries had been opened and were not labeled or dated. She stated, "They should have labeled it when they opened the bag." She confirmed that placing items in the refrigerator and freezer without a cover could cause contamination of the food item. She also confirmed that placing unlabeled, undated items in the refrigerator and freezer could be a concern to the residents health. An interview with the Administrator on 7/11/23 at 3:45 PM, acknowledged that all open items in the refrigerator and freezer should be covered, labeled, and dated.	M 815		