STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255313	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) COMPLETION DATE
F 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 Medicare and Medicaid services and cited F656, F677 and F812. The census at the time of the survey was 56 and the facility is licensed for 60 beds.	F 000		
F 656 SS=D	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 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	F 656		8/15/23

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

Electronically Signed | 07/25/2023

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F 656	Continued From page 1 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. §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 person-centered care plan for a resident with a contracture for one (1) of 14 resident care plans reviewed. Resident #16 Findings Include: Review of the facility policy titled, "Comprehensive Care Plans" with an implementation date of 10/2022 and no revision date 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 rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the	F 656	•The care plan on resident #16 was updated on 07/12/2023 by Minimum Data Set Nurse to include resident's contracture and use of contracture management item. •All residents with contractors and appliances for contracture management have the potential to be affected. •All residents with contractures' care plans have been reviewed and updated by the Minimum Data Set Nurse on 7/13/23. All residents with appliances used for contracture management care plans were reviewed and updated on 7/13/2023. Inservice began on 7/13/2023 on the facility Comprehensive Care Plan Policy. Inservice was conducted by Administrator and completed on 7/19/2023.	

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F 656	Continued From page 2 resident's comprehensive assessment." An observation on 07/11/23 at 9:55 AM, of Resident #16 revealed the resident had a right-hand contracture with a carrot roll placed in the right hand. Record review of Resident #16's care plans revealed there was no care plan regarding the right-hand contracture or placement of the carrot roll as to how long, how often or which days to apply the hand roll. An interview on 7/12/23 at 2:45 PM with the Minimum Data Set (MDS) nurse revealed she is responsible for developing care plans and entering them into the computer for nursing issues. She confirmed that Resident #16 had a hand contracture and did not have a care plan regarding her contracted right hand but she should have and stated that the care plan directs the care for the residents. An interview on 7/12/23 at 3:00 PM, with the Director of Nurses (DON) confirmed that Resident #16 did not have a care plan regarding her right-hand contracture. She confirmed that the resident should have a care plan regarding the hand contracture because that is what helps the staff to know how to care for the resident. Record review of the Task List Report revealed tasks with the date initiated of 3/8/23, "Apply carrot orthosis in right hand with large end of carrot closest to thumb. Position at level II for up to 6 (six) hours every day" and "Remove carrot orthosis to right hand every day at 1 pm. May remove earlier if elder complains of intolerance."	F 656	•Residents with new contractures will be discussed in daily interdisciplinary team meeting beginning 7/17/2023. Minimum Data Set Nurse will update the care plan of residents with new contractures in the daily meeting. Residents with new appliances for Contracture management will be discussed in daily interdisciplinary team meetings beginning 7/17/2023. Minimum data set nurse will update care plans of residents with new appliance for Contracture management in daily meeting as discussed. Residents with contractures and application for Contracture management 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 care plans, 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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F 656	Continued From page 3 Record review of Resident #16's "Admission Record" revealed the resident was admitted to the facility on 12/25/17 with medical diagnoses that included Parkinson's Disease. Record review of Resident #16's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/22/23 revealed in Section G that the resident had functional limitations in both upper extremities and in Section C a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident is moderately cognitively impaired.	F 656		
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 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 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	F 677	•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 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	8/15/23

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F 677	Continued From page 4 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 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	F 677	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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F 677	Continued From page 5 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.	F 677		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: 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	F 812	•On 7/11/2023 all uncovered containers and non-labeled-dated items were discarded by the dietary supervisor.	8/15/23

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F 812	Continued From page 6 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 12/7/2020 revealed, "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. There were 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	F 812	•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 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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F 812	Continued From page 7	F 812		

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."

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.