STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. BUILDING _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 7/31/23 to 8/3/23. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F656 , F757, F761, F805, 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	F 656		9/7/23

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

Electronically Signed | 08/18/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. BUILDING _____ B. WING _____	08/03/2023

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F 656	Continued From page 1 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. §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 observations, resident interview, staff interview, record review and facility policy review the facility failed to develop and/or implement the comprehensive care plan related to side effects and behavior monitoring for psychotropic medications and the use of an anticoagulant medication for four (4) of (20) residents care plans reviewed. Resident #19, Resident #33, Resident #35, and Resident #160 Findings Include: Record review of the facility's policy, Develop/Implement Comprehensive Care Plan", undated, revealed, "The facility will develop and implement a comprehensive person-centered care plan for each resident ...that includes	F 656	1. On 8/4/2023 the Minimum Data Set (MDS) Coordinator and MDS Nurse updated care plans for Residents #19, #33, #35 and #160 for anticoagulant/psychotropic medications(Exhibit 656A). 2. All residents have the potential to be affected by the same deficient practice. 3. An in-service was conducted on 8/14/2023 by the Director of Nursing for the MDS Coordinator and MDS Nurse related to care planning for monitoring of side effects and behavior monitoring for anticoagulant and psychotropic medications (Exhibit 656B). 4. A). The MDS Coordinator and MDS Nurse began care plan audits on	

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F 656	Continued From page 2 measurable objectives and timeframes to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment ..." Resident #19 During an observation on 7/31/23 at 1:00 PM, Resident #19 was sitting up in bed with her lunch meal in front of her and was served a whole chicken patty on a bun. Her husband stated that he comes to the facility and assists with feeding her lunch and explained that Resident #19 could not eat the chicken patty. He explained that it was in her record that her food was supposed to be chopped. Record review of the Facesheet revealed the facility admitted Resident #19 on 1/24/23 with diagnoses including Heart Failure and Chronic Obstructive Pulmonary Disease. Record Review of the Physician Orders for the month of July 2023 revealed Resident #19 had an order dated 1/24/23 for NAS (No Added Salt) Mechanical Soft with Chopped Meats with Gravy No Grits." Record review of the comprehensive care plan revealed a "Care Plan Description" for "Alteration in Nutrition ...". The care plan included an "Intervention" with a start date of 1/24/23 for "NAS Mechanical Soft with Chopped Meats with Gravy NO GRITS", and the "Role(s)" included Dietary, Nursing, and Nursing Assistant. On 8/01/23 03:15 PM, in an interview with the Director of Nursing (DON), she confirmed the resident's diet care plan was not being followed	F 656	8/10/2023 to be conducted every week on six care plans for four months on all residents receiving anticoagulant and psychotropic medications (See Exhibit 656C). B.) Beginning no later than 9/5/2023, the Quality Assurance Committee will meet and receive the data related to all pertinent audit(s) and in-services on a monthly basis for at least three months, and determine pertinent corrective measures as well as the continued frequency of relevant audit(s) and in-services based upon results findings achieved.	

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F 656	Continued From page 3	F 656		

because she is supposed to be on a NAS Mechanical soft with chopped meats with gravy and no grits.

Resident #33

Record review of the Facesheet revealed the facility admitted Resident #33 on 5/13/23 with diagnoses including Dementia with Behavioral Disturbance, Alzheimer's Disease, and Mood Disorder.

Record review of Physician Orders for July 2023, revealed Resident #33 had an order dated 9/27/22 for "Trazadone 50 mg(milligram) PO (by mouth) Q (every) HS (bedtime) R/T (related to) depression" and an order dated 5/13/23 for "Olanzapine 5 mg tablet give 1 tablet PO Q HS R/T Dementia." Both medications are classified as psychotropic medications.

Record review of the comprehensive care plan for Resident #33 revealed there was no care plan for the monitoring of resident specific behaviors related to the use of the psychotropic medications.

Record review of the of the "Care Plan Description" of "Potential side effects due to multiple medications," with a start date 5/13/23, revealed an "Intervention" for "Assess for side effects of meds (medications) and report to physician as needed."...

During an interview with the Director of Nursing (DON) on 8/01/23 at 1:15 PM, she reviewed the comprehensive care plan for Resident #33 and confirmed there was no care plan that addressed monitoring for target behaviors with the use of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 656	Continued From page 4	F 656		

psychotropic medications. The DON explained the purpose of the comprehensive care plan was to provide resident specific care and confirmed there should be a care plan that addressed resident behaviors and that the monitoring for side effects of medications was not being followed.

Resident #35

Record review of the Facesheet revealed the facility admitted Resident #35 on 11/30/18 and she had diagnoses including Major Depressive Disorder, Anxiety, Alzheimer's Disease, and Vascular Dementia with Behavioral Disturbance.

Record review of Physician's Orders for July 2023, revealed Resident #35 had an order dated 9/6/22 for "Sertraline 25 mg give one and a half tabs (tablets) to equal 37.5 mg po Q Day R/T Depression", an order dated 10/25/22 for "Seroquel 25 mg tablet 1 PO BID (twice daily) R/T Dementia W/ (with) Behavioral Disturbance", and an order dated 11/1/22 for "Buspirone 5 mg tablet Give one tab PO @ (at) 1700 (5:00 PM) R/T Anxiety." These medications are classified as psychotropic medications.

Record review of the of the "Care Plan Description" of "Potential for s/e (side effects) due to multiple medications," with a start date 7/7/22, revealed an "Intervention" for "Assess for side effects of meds (medications) and report to physician as needed..."

An interview with the DON on 8/01/23 at 1:25 PM, she reviewed the comprehensive care plans for Resident #35 and confirmed there was no care plan that addressed monitoring for target

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F 656	Continued From page 5 behaviors with the use of psychotropic medications and confirmed the care plan for monitoring for side effects of medications was not being followed. Resident #160 A review of the Facesheet for Resident #160 revealed that she admitted to the facility on 07/12/23 with diagnoses of Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Diabetes Type Two (2), Hypertension and Hypothyroidism. A record review of the "Telephone Order Sign-Off" document, dated 7/24/23, revealed Resident #160 had a Physician's Order for "Eliquis 2.5 MG tablet give 1 PO BID ..." A review of the comprehensive care plans revealed there was no care plan developed related to the use of an anticoagulant medication. An interview on 08/02/23 at 09:45 AM, with the DON, confirmed that Resident #160 received an anticoagulant medication and did not have a comprehensive care plan that addressed the use and monitoring of the anticoagulant medication. The DON stated that there should have been a care plan developed for the anticoagulant medication.	F 656		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-	F 757		9/7/23

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	255318	A. BUILDING _____ B. WING _____	08/03/2023

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F 757	Continued From page 6 §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents were free from unnecessary medications by failing to monitor resident behaviors and side effects for psychotropic and anticoagulant medication for three (3) of (11) residents reviewed for medications. Resident #33, Resident #35, and Resident #160 Findings Include: A review of the facility's policy, "Use of Psychotropic Drugs", (undated), revealed, "Policy: Residents are not to be given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the	F 757	1. On 8/14/2023 Attending Physician orders for psychotropic medications and anticoagulant therapy for Resident(s) # 33, #35, #160 that were verified by facility Director of Nurses, who subsequently to monitor side effects on all psychotropic medications and anticoagulant therapy for Resident(s) # 33, #35, #160. Medication Administration Record updated per order (See Exhibit 757A). 2. Facility determined that all residents have the potential to be affected by the same deficient practice. 3. A). The policy related-to Medication Monitoring and Use of Psychotropic Drugs outlining proper monitoring Resident(s) for anticoagulants and psychotropic medications was reviewed and revised on	

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	255318	A. BUILDING _____ B. WING _____	08/03/2023

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F 757	Continued From page 7 medications...Policy Explanation and Compliance Guidelines ...9. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as: ...d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice. 10. The resident's response to the medications, including progress toward goals and presence/absence of adverse consequences, shall be documented in the resident's medical record ..." A review of the facility's policy, "Medication Monitoring,", (undated), revealed, "Policy: The facility takes a collaborative, systematic approach to medication management, including the monitoring for efficacy ..." Resident #33 Record review of the Facesheet revealed the facility admitted Resident #33 on 5/13/23 with diagnoses including Dementia with Behavioral Disturbance, Alzheimer's Disease, and Mood Disorder. Record review of Physician Orders for July 2023, revealed Resident #33 had an order dated 9/27/22 for Trazadone 50 mg(milligram) PO (by mouth) Q (every) HS (bedtime) R/T (related to) depression and an order dated 5/13/23 for Olanzapine 5 mg tablet give 1 tablet PO Q HS R/T Dementia. Both medications are classified as psychotropic medications. Record review of the electronic Medication Administration Record (eMAR) for the month of July 2023 revealed Resident #33 was	F 757	8/14/2023 (See Exhibit 757B). B). An in-service for licensed nurses was conducted on 8/14/2023 by the Minimum Data Set (MDS) Coordinator and Admission Nurse related-to monitoring the side effects and/or behaviors related to psychotic medications and anticoagulants (See Exhibit 757C). 4. A.) The MDS Coordinator and MDS Nurse began a behavior and/or side effects audit on 8/10/2023 for all residents receiving anticoagulant and/or psychotropic medications, with the same to be conducted for at least six residents weekly for at least three months (See Exhibit 757D). B.)Beginning no later than 9/5/2023, the Quality Assurance Committee will meet and receive from the MDS Coordinator the data related to all related audit(s) and/or in-services monthly for at least three months, and QA will determine the necessity of corrective measures as well as the continued frequency of relevant audit(s) and/or in-service training based upon results achieved.	

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	255318	A. BUILDING _____ B. WING _____	08/03/2023

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F 757	Continued From page 8	F 757		

administered Trazadone 50 mg and Olanzapine 5 mg. There was no documentation on the eMAR regarding monitoring the side effects of the psychotropic medications or documenting the behaviors exhibited by the resident.

Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/15/23, revealed Resident # 3 had a Brief Interview of Mental Status (BIMS) score of 14, which indicated he was cognitively intact. Further review of the MDS revealed Resident #33 received antipsychotic and antidepressant medications (psychotropic medications) for seven (7) days during the look back period.

During an interview with the Director of Nursing (DON) on 8/01/23 at 1:15 PM, she reviewed the Physician's Orders and the eMAR for Resident #33 and confirmed there was no documentation regarding monitoring for side effects of psychotropic medications and no documentation regarding behaviors exhibited by the resident. She stated that staff should have been monitoring for side effects and the resident's targeted behaviors.

Resident #35

Record review of the Facesheet revealed the facility admitted Resident #35 on 11/30/18 and she had diagnoses including Major Depressive Disorder, Anxiety, Alzheimer's Disease, and Vascular Dementia with Behavioral Disturbance.

Record review of Physician's Orders for July 2023, revealed Resident #35 had an order dated 9/6/22 for Sertraline 25mg give one and a half tabs (tablets) to equal 37.5 mg po Q Day R/T

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. BUILDING _____ B. WING _____	08/03/2023

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J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

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F 757	Continued From page 9	F 757		

Depression and an order dated 10/25/22 for Seroquel 25 mg tablet 1 PO BID (twice daily) R/T (related to) Dementia W (with) Behavioral Disturbance and an order dated 11/1/22 for Buspirone 5 mg tablet Give one tab PO @ (at) 1700 (5:00 PM) R/T Anxiety. These medications are classified as psychotropic medications.

Record review of the eMAR for the month of July 2023 revealed Resident #35 was administered Sertraline 37.5 mg, Seroquel 25 mg, and Buspirone 5 mg. There was no documentation on the eMAR regarding monitoring the side effects of the psychotropic medications or documenting the behaviors exhibited by the resident.

Record review of the Quarterly MDS, with an ARD on 7/03/23, revealed Resident # 35 had a BIMS score of which indicated she had severe cognitive impairment. Further review of the MDS revealed Resident #35 received antipsychotic, antianxiety and antidepressant (psychotropic) medications for seven (7) days during the look back period.

An interview with the DON on 8/01/23 at 1:25 PM, revealed after review of Resident #35's physician's orders and medication record she was unable to find any monitoring for side effects for psychotropic medications and no monitoring for resident specific behavior monitoring for the use of the antipsychotic medication. She reviewed the Physician's Orders and the eMAR for Resident #35 and confirmed there was no documentation regarding monitoring for side effects of psychotropic medications and no documentation regarding behaviors exhibited by the resident. She stated that there should have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. BUILDING _____ B. WING _____	08/03/2023

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J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

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F 757	Continued From page 10	F 757		

been a "special requirement" added to the Physician's Order to trigger the nurse to document for monitoring the side effects and behaviors, but it had been missed. The DON then revealed that possible concerns from there being no monitoring is that staff may miss a side effect of the psychotropic medication. Also a resident's behaviors could improve or worsen and the resident could miss a dose reduction or need for a medication review.

Resident #160

A record review of the Facesheet revealed the facility admitted Resident #160 on 7/12/2023 with a diagnosis of Atrial Fibrillation.

A record review of the "Telephone Order Sign-Off" , dated 7/24/23, revealed Resident #160 had a Physician's Order for "Eliquis 2.5 MG tablet give 1 PO BID ..."

Record review of the eMAR for the month of July 2023 revealed Resident #160 was administered Eliquis 2.5 mg (order date 7/12/23). There was no documentation on the eMAR regarding monitoring the side effects of the anticoagulant medication.

A record review of the Admission MDS with an ARD of 7/19/23 revealed Resident #160 had a BIMS score of 15, which indicated she was cognitively intact. Further review revealed Resident #160 received an anticoagulant medication for 7 days during the look back period.

An interview on 08/02/23 at 09:45 AM, with the DON, confirmed that Resident #160 received an anticoagulant medication Eliquis, and there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. BUILDING _____ B. WING _____	08/03/2023

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J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

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F 757	Continued From page 11 no monitoring in place for side effects or adverse reactions.	F 757		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure a medication was securely stored for one (1) of 17 sampled residents. Resident # 10. Findings include:	F 761	1. On 7/31/2023 the Director of Nurses removed and disposed of Dermaplast in Resident #10's bathroom per policy (See Exhibit 761A). 2. Facility determined that all residents have the potential to be affected by the	9/7/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. BUILDING _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 761	Continued From page 12 Record review of the facility's policy, "Label/Store Drugs and Biologicals", (undated), revealed, " ...The facility will store all drugs and biologicals in locked compartments...and permit only authorized personnel to have access to keys ..." During an observation on 7/31/23 at 2:30 PM, a container of Dermoplast first aid spray was observed on the back of the commode in Resident #10's bathroom. During an observation and interview with Licensed Practical Nurse #1 (LPN), on 7/31/23 at 2:32 PM, she verified that the can of Dermoplast spray sitting on the back of the commode in Resident #10's bathroom. She explained that she had not been in the resident's bathroom and was not aware that the Dermoplast spray was there. LPN #1 stated that the item should not be stored in the room because another resident could get into the spray and have a negative reaction to it. She verified that Resident #10 did not self-administer the Dermoplast spray. During an interview with the Director of Nursing (DON), on 7/31/23 at 3:15 PM, she stated that the can of Dermoplast spray should not have been left in Resident #10's bathroom. She verified that a resident could have taken it which could lead to negative effects such as allergic reactions. Record review of the Facesheet revealed the facility admitted Resident #10 on 8/16/2006 with diagnoses that included Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease. A record review of the "Physician Orders" for the	F 761	same deficient practice. 3. An in-service was conducted on 8/14/2023 by the minimum Data Nurse and Admissions Coordinator for the Nursing Staff related to Label/Store Drugs and Biologicals related to proper storage of Dermaplast in locked compartments and permit only authorized personnel to have access to keys (See Exhibit 761C). 4. A.)The Charge Nurse began a daily audit on 7/31/2023 with the same to continue for three months, to ensure Dermaplast is stored in designated locked compartment wherein only authorized personnel with key access may utilize the same. The Charge Nurse will submit all relevant audit results to the Director of Nurses (See Exhibit 761B). B.)Beginning 9/5/2023, the Quality Assurance Committee will receive, from the Director of Nursing, the data related to all pertinent audit(s) and in-services on a monthly basis for three months and determine pertinent corrective measures as well as the continued frequency of relevant audit(s) and/or in-service training based upon results achieved.	

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	255318	A. BUILDING _____ B. WING _____	08/03/2023

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F 761	Continued From page 13 month of August 2023 revealed Resident #10 had an order dated 9/6/22 for "Dermoplast First Aid Spray to hemorrhoids BID (twice daily) PRN (as needed) R/T (Related to) Hemorrhoids". Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/4/23 revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.	F 761		
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident representative interview, record review and facility policy review, the facility failed to ensure a mechanical soft, chopped meat diet was provided for one (1) of five (5) residents observed for dining. Resident #19 Findings Include: Review of the facility's policy, "Dental Soft Diet (Mechanical)", undated, revealed, "... Principle: To use regular foods of a consistency which may be easily chewed and swallowed ...Food Groups ...Meat, Fish, Fowl ...Foods Excluded ...Any whole meat ...". On 7/31/23 at 1:00 PM, during an observation and interview, Resident #19 was sitting up in bed	F 805	1. The tray with a whole chicken patty was removed by Director of Nursing on 7/31/2023, and Resident #19 was given a new tray with the correct diet of chopped meat as ordered (See Exhibit 805A). 2.The facility has determined that all residents with a chopped meat diet order have the potential to be affected. 3. A.) Certified Nurse Assistant (CNA) #2 was in-serviced on 8/15/2023, by Director of Nursing related-to the importance of closely checking the diet order on each resident's tray card before it is served at each meal to the resident (See Exhibit 805B). B.) Policy and procedure on tray delivery to the residents has been reviewed by the Director of Nursing on 8/3/2023, with no	9/7/23

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F 805	Continued From page 14 with her lunch meal in front of her on an overbed table. She had a whole chicken patty on a bun on her meal tray and her husband stated that he comes to the facility and assists with feeding her lunch. He explained that Resident #19 had eaten some French fries and a little of the Sherbert but could not eat the chicken patty. He explained that it was in her record that her food was supposed to be chopped. In an interview on 08/01/23 at 01:55 PM, with Certified Nurse Aide (CNA) #2 revealed she was assigned to Resident #19 on 7/31/23 when the resident received a whole chicken patty on a bun on her meal tray. CNA #2 explained that she compared the meal ticket with the food on the tray to ensure the meal was correct. She stated that Resident #19 had to be assisted with meals and her husband came to the facility every day to feed her lunch. CNA #2 said that Resident #19 should have chopped meats and confirmed that by getting a whole chicken sandwich yesterday, it was not the correct order because the chicken was supposed to be chopped. In an interview on 08/01/23 at 02:15 PM, with the Food Service Director, she confirmed the meal tray ticket for Resident #19 indicated the resident was to have Sodium Restriction, Chopped meats, and preferences gravy to all meat. She confirmed that Resident #19 was not supposed to get a whole chicken patty on a bun and that the meat should have had gravy on it. She explained that the kitchen had a new cook and she may have made a mistake, but it should have been caught before it ever went out on the floor. During an interview on 08/01/23 at 03:15 PM, the Director of Nurses (DON) revealed Resident #19	F 805	revisions made. Policy: Menus and Nutritional Adequacy (See Exhibit 805C). C.) Food Service Staff was in-serviced by the Clinical Nutrition Manager on 8/2/2023 concerning the incorrect diet that was served to Resident #19 to include in-servicing related-to how to prevent incorrect diets from being severed again (See Exhibit 805D). 4. A). Beginning 8/3/2023, Dietary Quality Improvement Audit will be done by the Director of Nurses on all dietary trays initially and then on 10 trays per week for 4 months by the Director of Nursing , with results of the same to be submitted to the Quality Assurance Committee (See Exhibit 805E). B). Beginning no later than 9/5/2023, the Director of Nurses will report all relevant audit finding(s) monthly to the QA Committee meeting for four months to determine continued frequency of relevant audit(s) and in-service training to be determined by the QA Committee in order to ensure continued compliance has been achieved.	

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F 805	Continued From page 15 was supposed to be on a NAS (No Added Salt) mechanical soft, chopped meats diet and confirmed that a whole chicken patty was not mechanical soft, chopped meats and was not the correct diet order. She stated that if the CNAs were looking at the meal tickets like they were supposed to, then this would have been caught. An interview on 08/02/23 at 3:00 PM with the facility's Certified Dietary Manager confirmed that the diet order for mechanical soft, chopped meats for Resident #19 had not been followed regarding the lunch meal for Monday, 7/31/23. Record review of the Facesheet revealed the facility admitted Resident #19 on 1/24/23 with diagnoses including Failure to thrive and Gastro-esophageal reflux disease without esophagitis. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/27/23 revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated she had moderate cognitive impairment. Record Review of the Physician Orders for the month of July 2023 revealed Resident #19 had an order dated 1/24/23 for NAS Mechanical Soft with Chopped Meats with Gravy No Grits"	F 805		
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	F 812		9/7/23

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F 812	Continued From page 16 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 observation, staff interviews, and facility policy review the facility failed to ensure items in the kitchen refrigerator/freezer were dated and labeled and food items were discarded by the expiration date for one (1) of three (3) dietary observations. Findings Include: Review of the facility's policy, "Storing: Food and Equipment", undated, revealed, "Policy:Team members must store food in a manner that ensures quality, freshness and safeguards against foodborne illness ...Procedure Label ...Ensure all food items are labeled ... Label information. Each label must contain the following information: Product name ...Use-by date.Date the product was prepared or opened..." Observation and interview on 7/31/23 at 11:10 AM, during a brief initial tour of the kitchen with the Food Service Director (FSD) revealed the	F 812	1. All expired, unmarked, unidentified, mislabeled or not dated items in the refrigerator and/or the freezer were discarded by the Food Service Director on 7/31/2023 (See Exhibit 812A). 2. The facility has determined that all residents that are served from the Hospital Dietary Department have the potential to be affected. 3. A.) The Clinical Nutrition Manager met with the Food Service Director on 8/17/2023 and conducted in-service training for her related-to proper disposal and labeling of refrigerated items per the findings of the survey team during the annual survey (Exhibit 812B). B.) A new policy titled "Food Handling Principles" was reviewed with the Food Service Director of the hospital by the Director of Nursing on 8/16/2023. The policy will be started on 8/16/2023(Exhibit 812C).	

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F 812	Continued From page 17 following: 1. Observation of Kitchen refrigerator #1: During an observation and interview, there was a plastic container of a liquid which the FSD identified as tomato juice. It had a discard date of 7/28/23 and the FSD explained that it should have been discarded. There were two (2) plates of salad that was not labeled or dated. The FSD stated that she did not know how long the salads had been in the refrigerator. There were three (3) metal containers without identifying labels. The FSD identified one container as cream of chicken soup with an open date of 7/20/23 and an expiration date of 7/23/23 written on the plastic covering. Container #2 was identified by the FSD as apple sauce with no "opened" date and had an expiration date of 7/23/23 on the label, Container #3 was identified by the FSD as apples with a date of 7/23/23 and no expiration date. There were two (2) zip-lock bags of biscuits and cornbread with no identifying label and no opened or use-by date. The FSD revealed the prep cooks and cooks are responsible for keeping the refrigerators cleaned out. She stated that she tried to check the refrigerator at least every two weeks. She confirmed that because the foods did not have identifying labels or dates, the foods could be spoiled and cause food-borne illnesses. 2. Observation of Kitchen Freezer #1: During an observation and interview, there was three (3) opened bags with no identifying label or use by date. The FSD identified the bags as pancakes, French toast, and biscuits and stated that off the food items were supposed to be labeled and dated. 3. Observation of Kitchen Freezer #2: During an	F 812	C.) In-service training for the hospital dietary staff on the new policy, and Quality Assurance (QA) audit was done on 8/17/2023 by Clinical Nutrition Manager(Exhibit 812D). 4. A.) By 8/16/23, the Food Service Director will conduct a weekly Food Workplace Safety and Sanitation audit on the refrigerator and freezer to ensure no expired, unmarked, unidentified or miss-labeled foods are present, with the audit to be continued for at least four months, and results of the same to be submitted to the facility Director of Nurses (Exhibit 812E). B.) Beginning no later than 9/5/2023, the Quality Assurance Committee will meet and receive the Director of Nursing will present all audit and/or in-service training data to the Quality Assurance Committee monthly for at least four months in order to ensure continued compliance has been achieved. The Quality Assurance Committee will outline any relevant corrective measures, auditing, and/or in-service training based-upon results achieved.	

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F 812	Continued From page 18 observation and interview, the FSD revealed that leftovers were stored in Freezer #2. There was a metal pan that the FSD identified as tuna fish with a "made" date of 7/27/23 and no use by date. The FSD stated that since it was a fish product, it should have been discarded within three (3) days. There was a white container with a manufactured label of Pimento Cheese with no use by date or expiration date. There was also a white container with a manufactured label of Potato salad with an opened date of 7/25/23 and no use by or expiration date. The FSD revealed this should have been discarded in three (3) days.	F 812		