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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 7/24/23 through 7/27/23. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M225 for staffing, M500 for resident rights and M1570 for infection control. The census at the time of the survey was 109 with a bed capacity of 140.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.	M 225		9/5/23

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M 225	Continued From page 1 c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on observations, resident and staff interviews, record review, and facility policy review, the facility failed to maintain adequate staffing to assist residents in getting the care needed for seven (7) of 109 residents upon initial	M 225	Resident Council attendees, July 28, 2023, state that their needs are being met and staff are being courteous and appreciative. August 15, 2023, Director of Social Services, Licensed Social Worker, and social services staff interviewed Residents #14, #64, #84, #87, #96, #98,	

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M 225	Continued From page 2 tour. Resident # 14, #64, #84, #87, #96, #98, and #101. Findings include: The facility provided documentation on letterhead dated July 27, 2023, "The Windsor Place does not currently have a written general policy as related to staffing." Resident #14 During the resident council meeting on 07/25/23 at 2:30 PM, Resident #14 revealed that they were sometimes late on getting her showers and she sometimes had to wait awhile when she pushed her call light because of not having enough people to work the halls. Record review of Resident #14's Minimum Data Set (MDS) with Assessment Reference Date (ARD) 07/06/23 under Section C documented her Brief Interview for Mental Status (BIMS) Score of 15 which indicated resident was cognitively intact. Resident #64 On 7/25/23 at 2:30 PM, during Resident Council, Resident #64 revealed that he felt like the Certified Nursing Assistants (CNAs) got their training and then they just didn't come back to work. He stated that he sometimes had to wait awhile for his call light to be answered and it was mainly on the 11PM - 7AM shifts that they were so shorthanded. He revealed that so many people just don't come in and it happens often. Record review of Resident #64's MDS with ARD 06/19/23 under Section C documented BIMS Score of 15 which indicated resident was	M 225	#101 to ensure each resident□s care needs are being met. Each resident states that their needs are being met. All residents have the potential to be affected by this practice. July 28, 2023, Director of Social Services, Licensed Social Worker, and social service department staff initiated an audit of Grievance Log/Record of Concerns (August 2022 □ July 2023) to ensure grievances/concerns related to staffing and care concerns have been addressed. No negative findings from audit. Beginning July 31, 2023, and continuing indefinitely, Director of Social Services will provide Director of Nursing any complaints regarding staffing and resident care needs for investigation and resolution. August 10, 2023, Staff Development Coordinator, Registered Nurse, initiated in-service for all staff on answering of call lights/providing daily care needs for residents/teamwork/proper customer service and attitude. Staff Development Coordinator will train all new hires on these topics during orientation and onboarding. Beginning August 15, 2023, and continuing for four weeks, Director of Social Services and social services department staff will interview a minimum of ten residents per week for staffing/call light and care concerns. All efforts will be exhausted to replace all staff call-ins. In event where a certified nurse assistant (cna) call-in cannot be replaced, supporting staff that are also certified nurse assistants (such as transport staff/activity staff/ central supply staff) will	

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M 225	Continued From page 3 cognitively intact. Resident #96 An interview on 07/24/23 at 03:55 PM, Resident #96 revealed, sometimes they will tell us on the weekend they can't get us up because they don't have enough help. She revealed the staff is really good but there is just not enough help. I don't know why they they have so many people calling in on the weekends. Record review of the MDS with an ARD of 5/26/23 revealed a BIMS score of 15 which indicated Resident #96 was cognitively intact. Resident #98 An interview on 07/24/23 at 11:21 AM, Resident #98 revealed, I have to wait a while to be changed. The aides come sit in the room on their phone. Sometimes it takes an hour. They are running around now because they know y'all are here. Resident #98 revealed, I don't get up everyday because it's hard to get put back to bed, and it hurts sitting in the wheelchair for a long time. She revealed it happens during the week and weekend because they don't have enough help. On 07/26/23 at 10:35 AM, interview with Resident # 98 revealed I would like to get up more often but I don't because it's so hard to be put back to bed, She revealed they will tell us they are short and I have to wait so I choose to just stay in the bed to avoid that. She revealed that she has told staff about this before but nothing gets done. Observation and interview on 07/27/23 at 1:45 PM, SA heard and observed a call light when	M 225	be utilized. In event where a nurse call-in cannot be replaced, supporting staff that are also nurses (MDS nurses, Quality Assurance nurse, Alzheimer Director nurse, Infection Control Preventionist, Staff Development Coordinator, Assistant Director of Nursing, Director of Nursing) will be utilized. August 17, 2023, Quality Assurance and Performance Improvement Committee reviewed and approved in-services and trainings related to meeting the care needs of residents. Beginning July 31, 2023, Director of Social Services and social services department staff will monitor Grievance Logs/Record of Concerns for complaints of resident care issues as related to staffing/call light concerns one time per week for four weeks, two times per month for two months, one time per month for three months. Findings will be reported to Quality Assurance and Performance Improvement Committee beginning September 5, 2023, and continue for the next five months and as need for recommendations, revisions, and/or resolutions. Beginning August 15, 2023, Director of Social Services and social services department staff will interview a minimum of ten residents for staffing/call light and care concerns weekly for four weeks, two times per month for two months, one time per month for three months. Findings will be reported to Quality Assurance and Performance Improvement Committee beginning September 5, 2023, and continue for the next five months and as need for recommendations, revisions,	

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M 225	Continued From page 4 entering the hall going off for Resident #98's room. SA spoke to Resident #98 briefly and observed call light going off. SA mentioned call light and Resident #98 revealed she hadn't pushed it not sure why it was on. SA observed room-mate squirming around with covers, call light noted on her covers. SA exited the room and walked to nurses desk. Observed the Registered Nurse (RN) supervisor at the desk on the computer and Certified Nursing Assistant (CNA) #6 sitting at a desk with head down looking at a cell phone on her lap. SA inquired what the sound was that was beeping, CNA #6 looked up from the cell phone and said that's a call light and got up. The nurse at the desk said, "I'm sorry I was working on an admission". An interview with CNA #6 revealed she usually works in medical records but comes over at times to help answer call lights. An interview 07/27/23 2:00 PM, the SA spoke with the DON regarding CNA #6, the DON revealed, that aide normally works in medical records and I'm not sure why she was over here but she shouldn't have been on her phone. The DON revealed she may have been called over to assist with answering call lights during lunch breaks. She confirmed that she shouldn't have been on her phone and she should have answered the call-light. An interview on 07/27/23 02:38 PM the Administrator revealed that CNA #6 works PRN (as needed) and works mainly in medical records, he revealed she can answer the call lights to see what the residents may need but is not able to render care at this time. He confirmed that she could have answered the call light instead of being on her phone. Record review of Resident #98's MDS with an	M 225	and/or resolutions.	

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M 225	Continued From page 5 ARD of 6/12/23 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #87 An interview on 07/24/23 02:45 PM Resident # 87 revealed, Sometimes I have to wait 30 minutes or more for help. I like to lay down about 3:30 for a nap before dinner. He revealed I've sat in this chair before up to 5:00. He revealed last night there were only two (2) CNAs on shift for 3-11. I just wish I didn't have to wait so long. When they come in late they always say well you know we are short handed. On 07/26/23 at 09:05 AM, an interview with Resident # 87 revealed to SA that he has been told several times when I asked about laying down for my nap that I would have to wait until the aide got here. He revealed the problem is really bad on the 3-11 shift and weekends also. Record review of Resident #87's MDS with an ARD of 6/6/23 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #84 An interview on 07/25/23 at 10:15 AM, with Resident # 84 revealed that when she pushed her call light for assistance with changing her brief, the staff would come in and tell her, "It's going to be a while." She revealed it takes a long time to get changed. SA (Survey Agent) inquired about an estimate of the time that she usually waits, and she stated, "Sometimes an hour." She stated, "When they come into my room, they tell me that it's only 2 or 3 of them working, and	M 225		

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you're going to have to wait." Resident revealed she doesn't think the facility had enough staff to care for the residents at the facility.

An interview with the Registered Nurse #1 on 7/27/23 at 9:15 AM revealed that Resident #84 was totally incontinent of bowel and bladder. She revealed that the resident would push her call light and let the staff know when she was wet or had a bowel movement and needed to be changed.

An interview with Resident # 84's daughter on 7/27/23 at 10:55 AM, revealed the facility had staffing issues, especially on the weekend. She revealed the weekends were so short-staffed, and it's nothing like during the week. She stated the call lights take a lot longer to be answered. She stated, "They need help."

Record review of the Face Sheet for Resident #84 revealed the resident was admitted to the facility on 9/26/22 with medical diagnoses that included Unspecified Psychosis, Cardiac Arrhythmia, Hyperlipidemia, Major Depressive Disorder, Anxiety Disorder and Type 2 Diabetes Mellitus.

Record Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/29/23 revealed under section C a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #84 is cognitively intact. Section H revealed that Resident #84 is always incontinent of bladder and bowel.

Resident #101

During the resident council meeting on 07/25/23 at 2:30 PM, Resident #101 revealed that she felt

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like they needed more hall keepers (Nurse Aides). She confirmed that staffing was worse on weekends and sometimes during the week. She also revealed that sometimes they only had two Certified Nursing Assistants (CNAs) on the halls and the facility would have to send one to another hall (B-Hall) to help out and then sometimes they had to request one to be pulled to this side (A-Hall) to help. She stated that they were supposed to have four or five aides working the halls and they don't. She confirmed that not having enough to work the halls caused a longer wait time to get call lights answered.

Record review of Resident #101's MDS with ARD of 07/24/23 under Section C documented BIMS Score of 15 which indicated resident was cognitively intact.

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On 07/26/23 at 08:37 AM, an interview with the Activity Director revealed the residents have voiced some concern in resident council about staffing. She revealed after the meeting I fill out a concern form and give it to the appropriate departments. She revealed for staffing I give it to the nursing department, we discuss the concerns that were voiced at the next morning meeting. She revealed a lot of the residents has voiced staffing issues in the past and the DON came to the June Resident council meeting and addressed staffing concerns.

On 07/26/23 at 08:45 AM, an interview with DON revealed any issues or concerns that have been voiced during resident council the activities director fills out a concern form and gives it to the appropriate department and then we also discuss it in the morning meeting. State Agent inquired if there have been any issues voiced during

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resident council regarding staffing concerns. DON revealed, not as far as being short-staffed but rather not answering the call lights timely. She revealed she met with the resident council members last month. She revealed I didn't document any of the issues that were discussed and can't remember what exactly they were, the activities director should have documented the issues. She revealed I just don't recall discussing any staffing issues.

In an interview on 07/26/23 at 2:35 PM, the Administrator confirmed that staffing is a constant issue and he has actually put a stop on admissions due to low staffing in the past but right now admissions are still being accepted. He confirmed that staffing the 3-11 shift was a challenge due to call ins and sometimes day shift staff will stay over and the 11PM-7AM shift would come in early.

An interview with Certified Nurse Aide (CNA) # 8 on 7/26/23 at 9:02 AM, revealed she was working on B-hall, and they have a total of 3 CNAs' working 7-3 shift. She revealed she was assigned to care for 9 residents. She stated, "We work short all the time." She revealed that working with only 2 aides on the hall makes caring for the residents difficult. She stated that to ensure that her assigned residents' needs were met, she had to stay over until 3:30 or 4:00 PM to complete all her documentation. She revealed that when she had multiple call lights alarming at once, she would step into the rooms and let the resident know she was tied up across the hall and would come back as soon as she could. She revealed that the facility frequently asked her to stay late or come in early, but she has only come in early once.

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M 225	Continued From page 9 An interview with CNA #10 on 7/26/23 at 9:40 AM, revealed that the facility does not have enough aides, and they frequently work short with only 4 aides (2 aides on each unit) on 3-11/11-7 shift. She stated, "If I'm in another room and have other call lights going off, they will still be going off when I come out." She revealed the nurses do not help to answer any call lights. An interview with CNA #11 on 7/26/23 at 9:55 AM, revealed they do work short some days due to call ins. She stated we all have to work together to get things done and try to get the lights answered. An interview with the DON on 7/26/23 at 2:10 PM, revealed they had a nurse who handled staffing, but she would be working another shift tonight to fill a position. Survey Agent (SA) inquired from the DON how the facility ensured they met resident needs, and she replied, "I'm not certain how she (the staffing nurse) handles that, but I know if we have a higher acuity on a hall we try to staff up." She revealed any call in was received at the nurse's desk and was then relayed to the staffing nurse who tried to fill the position. She revealed that she had not had any workload concerns brought to her attention by the CNA's or families. An interview with CNA #12 on 7/26/23 at 6:20 PM, revealed she worked 3-11 shift. She revealed they do sometimes work short-staffed, and it makes it hard on them because they have more residents to care for. An interview with CNA #13 on 7/26/23 at 6:30 PM, revealed she worked part-time. She stated that one day last week they worked with 2 aides on B hall and that the resident needs were met to the best of their ability.	M 225		

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M 225	Continued From page 10 An interview with the ADM on 7/27/23 at 8:20 AM, confirmed that he was aware of the staffing issue. He confirmed that they do have a lot of call ins and that he had people in the office that would come out to help the CNA's.	M 225		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance	M 500		9/5/23

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M 500	Continued From page 11 with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 12 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);	M 500		

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M 500	Continued From page 13 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on resident and staff interviews, record review and facility policy review, the facility failed to ensure a resident was free from verbal abuse for one (1) of 32 residents reviewed. Resident #84. Findings include: Record review of the facility policy titled "Abuse, Neglect, Exploitation, and the Vulnerable Adults	M 500	July 31, 2023, Social Services assistant and Administrator interviewed resident #84 and resident #84□s Responsible Party to ensure resident #84 was currently free from abuse and/or neglect. Neither resident #84 nor resident #84□s Responsible Party voiced any concerns of abuse/neglect. All residents have the potential to be	

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M 500	Continued From page 14 Act Policy" with a revision date of 2/6/23 revealed, "It is the policy of this facility that residents and patients are to be treated with dignity and respect at all times under any circumstance. Mistreatment in the form of verbal or physical abuse of any nature will not be tolerated..." Record review of the "Record of Concern" dated 5/18/23 revealed resident #84's daughter called the facility and spoke with the Social Worker (SW) on 5/18/2023 at 1:53 PM to report an incident that occurred on 5/17/2023 around 8/8:30 PM. The residents' daughter stated that Resident # 84 had pushed her call light to be changed. The resident waited for a while, and no one ever responded to her call light. The resident transferred herself into the wheelchair and propelled herself to the nurse's station, where she reported several staff members standing around. Resident #84 asked if someone would change her and put her in bed, and a staff member responded, "You got yourself in the wheelchair, so you can get back in bed; We aren't coming to your room." Resident # 84 stated, "I need changed." The staff member responded, "I already changed you and I will change you during my last rounds." "Record of Concern" revealed under, "Action taken at time of concern; Reported to the Charge Nurse." Revealed under, "Investigation Activity if needed; Upon investigation resident was assisted back to bed and changed." Also revealed under, "Action taken/Findings; Verbal counseling" attached to the Record of Concerns provided to the State Agency (SA) was a Disciplinary Report that was signed by the Administrator (ADM) and Director of Nursing (DON) with a date of 5/23/23 and under "Offense warrants suspension or discharge: Yes; No was left blank."	M 500	affected by this practice. July 28, 2023, Director of Social Services, Licensed Social Worker, and social service department staff initiated an audit of Grievance Log/Record of Concerns (August 2022 □ July 2023) to ensure no grievances/concerns constitute abuse allegations or resident rights violations. No negative findings from audit. Beginning July 31, 2023, and going forward, Grievance Log/Record of Concerns will be monitored each weekday by Director of Social Services, social service department assistant and/or Administrator to ensure residents are free from abuse and resident□s rights are being observed □ any negative findings will be addressed appropriately and per policy. August 10, 2023, Staff Development Coordinator, Registered Nurse, initiated in-service for all staff on Residents Rights/Free from Abuse and Neglect/Allegation Investigation/Allegation Reporting. Staff Development Coordinator will continue all abuse (include investigation and reporting)/resident□s right training during orientation and onboarding with all new hires, and annually with all staff. August 17, 2023, Resident□s Rights and Abuse Policies reviewed by Quality Assurance and Performance Improvement Committee with no needed changes or revisions made. Continuing forward from August 17, 2023, the Administrator and Director of Nursing will be notified immediately of an allegation of abuse and will address each allegation appropriately, investigate and report per policy.	

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M 500	Continued From page 15 On 7/27/23 at 9:20 AM, an interview with Resident #84 revealed she recalled the incident. She stated, "I was told by someone behind the desk that I could put myself back to bed; I'm not coming down to your room." She revealed that she did not recall the name of the staff member and described her as an African American female. The resident stated, "I reported it to Registered Nurse (RN) # 1." On 7/27/23 at 9:30 AM, interview with the Director of Nursing (DON) revealed she was aware of the incident that occurred to Resident #84 on 5/17/23. She confirmed that she did sign off on a disciplinary action form on 5/23/23 for Certified Nurse Aide (CNA) # 7, and she was given a verbal counseling by the Registered Nurse (RN) supervisor. On 7/27/23 at 9:45 AM, an interview with the ADM revealed he did sign off on a disciplinary action form for Certified Nurse Aide (CNA) #7 regarding the incident that occurred on 5/17/23 He stated, "She should have been suspended immediately until an investigation was done. On 7/27/23 at 10:10 AM, interview with Registered Nurse (RN) #1 revealed that she was summoned to the room of Resident # 84 on 5/18/23, which was the next day after the incident occurred, after being notified of the incident. She revealed that she spoke with Resident #84 regarding the incident and after speaking with her, she tried to find out who the assigned aide was. She revealed she identified Certified Nurse Aide (CNA) #7 as the assigned aide for Resident #84 on 5/17/23 3PM-11PM shift. She confirmed that a nurse overheard CNA #7 make the alleged statements and identified the nurse who witnessed the incident to be Licensed Practical	M 500	Beginning July 31, 2023, Grievance Log/Record of Concerns will be monitored by Director of Social Services, Director of Nursing and Administrator for alleged abuse/resident right□s violations weekly for four weeks, two times per month for two months, one time per month for three months. Findings will be reported to Quality Assurance and Performance Improvement Committee beginning September 5, 2023, and continue for the next five months and as needed for any recommendations, revisions, and/or resolutions. Beginning August 15, 2023, Director of Social Services and social services department staff will interview a minimum of ten residents for alleged abuse/investigation of alleged abuse/resident right□s violations weekly for four weeks, two times per month for two months, one time per month for three months. Findings will be reported to Quality Assurance and Performance Improvement Committee beginning September 5, 2023, and continue for the next five months and as needed for any recommendations, revisions, and/or resolutions.	

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M 500	Continued From page 16 Nurse (LPN) # 1. RN #1 stated that CNA # 7 was called into the conference room and given a verbal disciplinary action on 5/18/23, of which the CNA did sign. She revealed that CNA # 7 denied making the statements to the resident. RN #1 confirmed that she called and notified Resident #84's daughter of the disciplinary action taken regarding the CNA. On 7/27/23 at 10:35 AM, an interview with Licensed Practical Nurse (LPN) #1revealed she was working 3PM-11PM shift on 5/17/23 and was assigned to Resident #84. She revealed the resident pushed her call light and she told Certified Nurse Aide (CNA) # 7 that Resident #84's call light was on. She stated that CNA # 7 replied, "I went down there, and she didn't want nothing." She revealed that later, the resident propelled herself in the wheelchair down to the nurse's station and stated she wanted to be changed and to go to bed. She revealed that CNA # 7 stated, "You can get back in bed the same way you got out." She revealed that Resident #84 stated, "I'm wet" and CNA # 7 replied, "I'm going to change you when I make my next round." LPN # 1confirmed the alleged statements were made to Resident # 84 and stated, "Yes, she made those statements to Resident # 84." LPN # 1 revealed that she took the resident back to her room and helped her back into bed that night. LPN # 1 stated that she notified the charge nurse the next day of the incident, and the CNA was written up. LPN #1 revealed the Administrator (ADM) and the Assistant Director of Nursing (ADON) were called and notified by Registered Nurse (RN) #1. LPN #1 confirmed that she did not notify anyone until the next day about the incident. On 7/27/23 at 10: 50 AM, an interview with the	M 500		

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M 500	Continued From page 17 Social Worker (SW) revealed that she started the Record of Concern form for the incident that occurred on 5/17/23 for Resident #84. She revealed that Resident #84's daughter called in the concern to her, and she filled out the necessary form and took it to the morning meeting to discuss with administration. On 7/27/23 at 11:00 AM, an interview with Resident #84's daughter revealed that her mother called her on 5/17/23 and told her of the incident that occurred. She revealed she called and spoke with the Social Worker (SW) the following day and filed a grievance related to statements made to her mother. The daughter stated, "Those aides need to realize that they can leave the facility, my mother is helpless, and she relies on them for everything." On 7/27/23 at 11:25 AM, an interview with the Administrator (ADM) revealed that Certified Nurse Aide (CNA) # 7 was in his office on 5/22/23 where she was spoken to by him and the Assistant Director of Nursing (ADON) regarding the incident. He revealed that he directed her to go and apologize to Resident # 84 and stated that the CNA was upset and stated she did not make the alleged statements. He confirmed that the CNA wanted to leave work, and he asked her to gather herself and go apologize. On 7/27/23 at 12:52 PM, a telephone interview with Certified Nurse Aide (CNA) # 7 revealed that she did recall Resident #84 and the incident that occurred on 5/17/23. She stated that she only worked with the resident that one time. She revealed that on that night, the resident came to the desk in her wheelchair and asked to speak to someone. She stated there were about 4-5 staff members at the desk at the time. She stated she	M 500		

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M 500	Continued From page 18	M 500		

had just completed hall rounds and changed everyone, and she told the resident, "You shouldn't get out of your bed, sweetheart; You could have fallen." She revealed that she did not recall making the alleged statements. CNA # 7 stated, "I was written up, and I told the Assistant Director of Nursing and the Administrator that I didn't say that; I don't know why they put that on me." CNA # 7 revealed that she did not quit working at the facility and that she only worked PRN (as needed), and they just took her off the schedule.

Record review of Certified Nurse Aide (CNA) # 7's Timecard revealed the CNA worked 17 days at the facility following the alleged incident on 5/17/23. CNA # 7 worked 5/18/23, 5/22/23, 5/23/23, 5/24/23, 5/25/23, 5/29/23, 6/2/23, 6/3/23, 6/5/23, 6/6/23, 6/7/23, 6/8/23, 6/12/23, 6/13/23, 6/21/23, 6/22/23, and 6/27/23.

On 7/27/23 at 3:30 PM, an interview with the Administrator revealed Certified Nurse Aide (CNA) # 7 was no longer employed at the facility due to no call, no show which resulted in termination.

Record review of documentation on facility letterhead dated July 27, 2023, revealed, "Certified Nurse Aide (CNA) # 7's last day working at the facility June 27, 2023."

Record review of Certified Nurse Aide (CNA) # 7's personnel file revealed a Criminal History Record Check dated March 13, 2023, that found no violations. Also revealed CNA received and signed policy and in-services for, "Resident's Right under Federal Law, Abuse of a Resident, and Abuse, Neglect, Exploitation, and the Vulnerable Adults Act" dated 3/13/23. The Survey

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M 500	Continued From page 19 Agency (SA) did not find any further disciplinary actions in the employee file. Record review of the Face Sheet revealed that Resident #84 was admitted to the facility on 09/26/22 with diagnosis which included Diabetes, Anxiety Disorder and Depression. Record review of the most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 06/29/23 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating full cognitive ability.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of	M1570		9/5/23

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M1570	Continued From page 20 practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, and facility policy review, the facility failed to prevent the likelihood of the spread of infection as evidenced by staff not cleaning and disinfecting a multi-use resident device used to check vital signs between each resident use for one (1) of four (4) survey days. Findings include: A review of the facility's "Clinical Equipment" policy, undated, revealed, "It is the policy of this facility to provide clean equipment and help promote a sanitary environment. For all clinical equipment, the manufacturer's recommendations for cleaning or disinfecting are followed for type of clean or disinfectant and how often to clean or disinfect ...Procedure: 1. Clinical equipment includes the following equipment ...e. Vital signs equipment..." On 07/25/23 at 2:55 PM, an observation revealed Certified Nurse Aide (CNA) #2 pushed a vital sign machine down the hall and entered Room #406, CNA #2 then exited the room and did not clean the vital sign machine and immediately entered Room #407, CNA #2 exited the room and did not clean the vital sign machine and was stopped by the State Agent (SA) before proceeding into another room. An interview on 07/25/23 at 3:05 PM, CNA #2 revealed, we are supposed to clean the vital sign	M1570	July 25, 2023, certified nurse assistant #2 was in-serviced on the Cleaning Equipment Policy by Staff Development Coordinator, Registered Nurse. July 25, 2023, when deficient practice was observed, all vital sign equipment was cleaned and disinfected by certified nurse assistants and nurses per manufacturer□s instructions. All residents that have vital signs checked have the potential to be affected by this practice. July 27, 2023, Staff Development Coordinator, Registered Nurse, initiated in-service for all staff, Basic Infection Control, which included Cleaning Equipment Policy, on necessity of cleaning and disinfecting equipment, include vital sign equipment, after each use. Beginning July 28, 2023, Staff Development Coordinator will continue cleaning and disinfecting training during orientation and onboarding with all new hires and annually with all staff. Beginning July 31, 2023, Infection Control Preventionist, Registered Nurse, will make rounds (three times per week) observing staff (minimum of three staff/one staff member per unit) cleaning/disinfecting all equipment after each resident use. August 17, 2023, Clinical Equipment Policy was reviewed by Quality Assurance and Performance Improvement Committee with no needed	

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M1570	Continued From page 21 machine equipment by using alcohol wipes between each of the residents' rooms to sanitize it. She confirmed she had not cleaned it between the rooms and there were no alcohol wipes on her cart to do so. She revealed it is my responsibility to clean the equipment between each resident's room and by not cleaning it, it could possibly spread infection between the residents. An interview on 07/25/23 at 3:20 PM, the Infection Control Nurse revealed, the vital sign machines are to be cleaned after leaving a resident's room and before entering another resident room. She revealed the cleaner wipes are to be in the basket on the front of each machine and the cleaner is called Oxivir 1 wipes. She confirmed that not properly disinfecting the machines between resident rooms could transmit infections among the residents. An interview on 07/25/23 at 3:25 PM, Registered Nurse (RN) #1 revealed, the aides are supposed to be keeping alcohol wipes in the basket of the machines to wipe them down between resident rooms to prevent any spread of infection. An interview on 07/25/23 at 4:15 PM, the DON revealed all equipment that is used between the resident rooms is to be cleaned between each room. The staff is to use the germicidal disposable wipe. She confirmed that the vital sign machines not being cleaned between resident rooms could cause the spread of infection between residents.	M1570	changes or revisions. Beginning July 31, 2023, Infection Control Preventionist will conduct observation audits throughout the facility three times per week for four weeks, one time per week for four weeks, two times per month for one month, one time per month for three months. Findings will be reported to Quality Assurance and Performance Improvement Committee beginning September 5, 2023, and continue for the next five months and as needed for any recommendations, revisions, and/or resolutions.	