STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 7/24/23 through 7/27/23. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F565 for unresolved grievances, F578 for Advance Directives, F600 for abuse, F609 for the failure to report an allegation of abuse, F610 for failure to investigate an allegation of abuse, F758 for psychotropic medication, F725 for staffing, and F880 for infection control. The census at the time of the survey was 109 with a bed capacity of 140.	F 000		
F 565 SS=D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life	F 565		9/5/23

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

Electronically Signed | 08/18/2023

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F 565	Continued From page 1 in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and facility policy review, the facility failed to resolve a grievance in a timely manner for four of five residents in Resident Council. Resident # 14, Resident #64, Resident #96, and Resident #101. Findings Include: Record review of the Facility's "Grievance Policy" dated February 8, 2023, revealed, "Policy:" It is the policy of (facility name) to investigate all concerns/grievances and provide the results of the investigation to the party filing the concern/grievance...Standard:"...The facility will make prompt efforts to resolve all grievances...Policy Explanation and Compliance Guidelines: Process....5. All staff involved in a grievance investigation shall take steps to preserve the confidentiality of files and records relating to grievances and share only with those who have a need to know. 6. The Grievance	F 565	August 11, 2023, Director of Social Services, Licensed Social Worker, and social services department staff interviewed Residents #14, #64, #96, #101 regarding grievances, concerns, resolutions and if each had been informed of current resolutions. Each was satisfied with resolutions and feedback provided to them by the facility. All residents that voice concerns have the potential to be affected by this practice. July 28, 2023, audit of Resident Council minutes (August 2022 □ July 2023) and Grievance Log/Record of Concerns (August 2022 □ July 2023) conducted by Director of Social Services, social services department staff and Activity Director for compliance and to ensure that residents are apprised of and satisfied with resolutions to concerns/grievances.	

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F 565	Continued From page 2 Official or designee shall keep the resident appropriately apprised of progress towards resolution of the grievances." During interviews in the Resident Council Meeting held on 07/25/23 at 2:30 PM, with five residents in attendance revealed that when they have a grievance voiced in resident council, they do not always hear back about the resolution for their grievances that are voiced. Resident #96, Resident Council President, revealed during the meeting that she felt like all the staff who come to work really worked hard, there's just not enough of them. She stated that there just didn't seem to be enough staff to take care of everybody at times. Resident #96 revealed that they used a stand-up lift to help her to the bathroom during the day; but there had been times when getting to the bathroom was an issue. She revealed that she had to take diuretics and laxatives and getting the staff to get her to the bathroom when she needed to go was often a problem. She stated, "When you take these medicines, you can't wait very long when the urge hits you." She revealed that when they didn't have time to get her to the bathroom right away, they would sometimes tell her, "Go in the bed and we will be happy to clean you up." She could not recall the date or the staff member who told her this; but she just couldn't do that. She also stated that there had been times they were so short staffed, that they could not get her up at all and she had to stay in the bed all day and night. She confirmed that this happened more often on the weekend and stated, "Short staffed is the name of the game especially on the weekend." She also revealed that the facility had addressed the issue before back several months	F 565	No negative findings from audit. August 10, 2023, Staff Development Coordinator, Registered Nurse, initiated in-service Resident/Family Group and Response, which included the Grievance Policy, with social service department, activity department, nursing administration that includes nursing unit managers, department heads and Administrator. August 17, 2023, Grievance Policy reviewed by Quality Assurance and Performance Improvement Committee with no needed changes or revisions made. Beginning August 17, 2023, and continuing each month afterwards, Activity Director will review with Resident Council under Old Business the resolutions to grievances voiced in prior month□s resident council meeting. Beginning July 31, 2023, Director of Social Services and Administrator will monitor Grievance Log/Record of Concerns for compliance weekly for four weeks, two times per month for two months, and 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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ago; but it continues to be a problem and they voice it all the time and they never hear back from their grievance. She revealed that she still had to wait until later in the day to be assisted out of bed because of the staffing issues here and this was unacceptable. She stated that back in January that low staffing issues began to be discussed and voiced in resident council and it was supposed to be fixed; but Easter Weekend was also not a good time due to low staffing.

During the resident council meeting, Resident #14 revealed that they always tried to fix problems brought to their attention, but they sometimes just couldn't do it. She 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.

Resident #96 revealed that issues brought up in Resident Council Meetings were written down by the Activities Director and she stated, "We don't always know that it ever goes further than the meeting." She also revealed that when she gets the Resident Council Minutes back to file, "resolved" was often marked under old business but that she (Resident #96) didn't always know what had been done to resolve the issues or if it had been resolved because nobody told them any resolutions to the problems.

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

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people just don't come in and it happens often.

Resident #101 revealed that she felt 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 and that the staff members were not updating the residents on the status of their grievances reported. She revealed that they did bring up old business at the resident council meetings, but this was the only communication they had regarding their issues.

These complainants confirmed that they had discussed these issues in previous resident council meetings, but it had not been resolved and they feel like the facility does not have enough staff on duty and they do not answer all of their grievances and do not update them on progress of grievances and when they are resolved.

On 07/26/23 at 8:37 AM, an interview with the Activities Director revealed the residents have voiced some concerns in resident council about staffing and she stated that she filled out a concern form and gave it to the appropriate departments. Then the next morning in the staff meeting, they discussed the concerns that were addressed during the resident council meeting.

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She revealed a lot of the residents have voiced staffing issues in the last several resident council meetings and that the Director of Nursing (DON) came to the last resident council meeting and addressed questions and concerns which included staffing. She confirmed the DON was aware of the staffing issue.

On 07/26/23 at 8:45 AM an interview with the DON revealed any issues or concerns that had been voiced during resident council was handled by the Activities Director. She revealed that the Activities Director filled out a concern form and gave it to the appropriate department and then the grievances were discussed in the morning meetings. She also revealed that whenever there was a grievance with anything regarding nursing, that either she (DON) or the charge nurse would address the issue and then would be signed off by herself (DON) and the Administrator. The State Agency inquired if there had been any issues voiced during resident council regarding staffing concerns and the DON stated not as far as being short staffed but rather not answering the call lights timely. The DON revealed that she met with the resident council members last month, but she did not document any of the issues that were discussed and can't remember what exactly they were, and stated that the activities director should have documented the issues and that she didn't recall discussing any staffing issues.

On 07/27/23 at 9:55 AM, an interview with Licensed Social Worker (LSW), revealed that anyone could write up a grievance; then the grievance would be taken to the appropriate supervisor who would investigate the issues and would be signed off by Director of Nursing and

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Administrator. She also revealed that the grievances were all brought up and discussed in morning meetings. The LSW revealed that she logged in all grievances and that they were usually resolved within a week. She also revealed that they were supposed to let the resident or family members who filed the grievance know when the issue was resolved and what the resolution was to the issue.

An interview on 07/26/23 at 2:35 PM, with the Administrator confirmed that staffing is a constant ongoing issue and confirmed that it was hard to resolve the issues residents have sometimes when his staff members wouldn't show up to work. He revealed that he was trying to hire more staff; but it was hard to keep them. He confirmed that staffing the 3PM-11PM 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.

Record review of the Resident Council Meeting Minutes revealed the following:

Record review of Resident Council minutes, dated 01/13/23 revealed..." Told that weekend is "rest day" and CNA not getting her up or that they "are short."

Record review of Resident Council minutes dated 2/6/23 revealed... old business from 1/13/23 regarding...weekend "rest day" was not mentioned as unresolved or resolved.

Record review of Resident Council Minutes dated 03/08/23 documented under "List of old business (unresolved): All resolved." The list of old business included "Customer Service with Staff."

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Review of "Resident Council Minutes" dated 04/10/23 documented under "Summary of the issue... CNA Shortage and Call Ins."

Record review of Resident Council Minutes dated 5/1/23 revealed...No list of old business resolved.

Record review of Resident Council Minutes dated 6/5/23 revealed, Activities Director, Dietary Manager, DON, and Infection control nurse present...Resident #96 had questions concerning nursing dept. DON answered all questions and some vaccination questions.

Record review of Grievances form titled, "Record of Concern", included statement of concern, investigation, action taken/findings and were found to have been completed on the problems discussed in Resident Council Meetings on 01/13/23, 02/06/23, and 05/01/23. The previous documents mentioned were signed as completed; but, based on resident interviews and information collected during the Resident Council Meeting on 07/25/23, the problems resulting from being short-staffed continues.

Record review of Resident #14's Face Sheet revealed that she was admitted on 05/17/17 with the following diagnoses to include: Unspecified osteoarthritis, Muscle Weakness, Need for assistance with personal care, and Chronic Systolic (congestive) heart failure.

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 the resident was cognitively

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F 565	Continued From page 8 intact. Record review of Resident #64's Face Sheet revealed that he admitted on 10/17/18 with the following diagnoses to include: Cerebral Infarction, Essential Hypertension, History of Falling, and Unspecified Dementia. Record review of Resident #64's MDS with ARD 06/19/23 under Section C documented BIMS score of 15 which indicated the resident was cognitively intact. Record review of Resident #96's Face Sheet revealed admit date of 12/09/21 with the following diagnoses to include: Chronic Obstructive Pulmonary Disease, Rheumatic Heart Disease, Chronic Atrial Fibrillation, Muscle Weakness, and Dysphagia following Cerebral Infarction. Record review of Resident #96's MDS with an ARD 05/26/23 under Section C documented a BIMS score of 15 which indicated the resident was cognitively intact. Record review of Resident #101's Face Sheet revealed admit date of 01/17/23 with the following diagnoses to include: Essential Hypertension, Scoliosis, Muscle Weakness, and Need for assistance with personal care. 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.	F 565		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		9/5/23

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§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.

§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).
(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.
(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.
(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.
(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.
(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.
Follow-up procedures must be in place to provide the information to the individual directly at the

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F 578	Continued From page 10 appropriate time. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to update Advance Directives for code status to ensure the residents' preferences were honored for three (3) of 32 residents in the initial pool. Resident #16, Resident #81 and Resident #99. Findings included: Record review of facility policy titled, "Advance Directives Policy", dated 04/2021, revealed, "Upon admission, the facility shall provide information regarding Advance Directives to the resident and/or the responsible party in accordance with the state law. The facility will observe the wishes of the resident and/or responsible party in regard to the Advance Directives. ... Advance Directives will be updated annually and/or as needed pending a change in resident condition to ensure that is valid and current." An interview on 7/25/23 at 4:00 PM, with Social Service Assistant #2 revealed Resident #16, Resident #81, and Resident #99 did not have an Advance Directive in place and on the medical record. She stated these residents were cognitive and the Resident/Family Consent for Cardiopulmonary Resuscitation forms were signed by each Resident's Representative. An interview on 7/26/23 at 9:00 AM, with Social Service Designee #1 revealed the Admission Nurse and the Social Service Representative meet with the resident and/or Resident Representative on admission and that the	F 578	August 11, 2023, Director of Social Services, Licensed Social Worker, and social services department staff interviewed Residents #16, #81, #99. Each resident signed their Advanced Directives and resident Responsible Parties were notified. All residents have the potential to be affected by this practice. August 10, 2023, Staff Development Coordinator, Registered Nurse, initiated in-service Advance Directives/Resident Signatures with social service department staff, administrative nursing staff including Unit Managers, Registered Nurses, and Medical Records department staff. August 15, 2023, Director of Social Services and social services department staff initiate audit of all resident Advance Directives for regulatory compliance to ensure cognitively intact residents sign their Advanced Directives. Each Advanced Directive found not in compliance was signed by Resident, with Responsible Party notified, by August 17, 2023. August 17, 2023, Advance Directives Policy reviewed, revised, and approved by Quality Assurance and Performance Improvement Committee. Beginning August 18, 2023, and continuing indefinitely, Medical Records department will audit Advance Directives for resident signatures on all new admissions.	

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F 578	Continued From page 11 Advance Directive was signed by the resident or the resident's representative during this meeting. She confirmed that if the resident has a Power of Attorney in place, a copy is placed in the resident's chart. The interview revealed that the Advance Directive is reviewed yearly and updated depending on the resident's or the representative's choice. An interview with Social Service Designee #2 on 7/26/23 at 9:10 AM, revealed the Advance Directive is signed on admission and updated yearly or with any significant change. She stated that if a resident was alert and oriented or had a high Brief Interview for Mental Status (BIMS) score, they would usually sign the form, but there are times the resident's representative signed, even if the resident was capable. She revealed on admission, Social Services, Admission Nurse or Charge Nurse, and the resident and/or family are in the admission meeting. An interview with the Licensed Social Worker on 7/26/23 at 9:40 AM, revealed the Advance Directive is signed on admission and annually and that the Advance Directive is discussed during care plan meetings quarterly with long term care residents and more frequently with the Medicare residents. She confirmed that residents' Advance Directives were not updated when the resident's abilities improve, therefore, it was possible that the resident's desires were not documented. An interview with the Administrator on 7/27/23 at 11:12 AM, revealed the resident's Advance Directive should indicate the wishes of the resident and it was each resident's right to choose end of life care. He confirmed the facility	F 578	Beginning August 18, 2023, Medical Records will monitor Advance Directives requirement of resident signatures on new admissions 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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F 578	Continued From page 12	F 578		

failed to ensure that once a resident was able to receive the information and to state his or her wishes related to end of life care, they were not given the opportunity to sign the Advance Directive for their preference to be honored.

Record review of Resident #16's Face Sheet revealed he was admitted to the facility on 5/7/21 with diagnoses of Hypertension, Type 2 Diabetes Mellitus, acquired absence of left leg below knee, acquired absence of right leg above knee.

Record review of Resident #16's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/13/23, revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating the resident was cognitively intact.

Record review of Resident #16's Resident/Family Consent for Cardiopulmonary Resuscitation dated 5/7/21, revealed the Resident's Representative signed the form on admission. Notation dated 2/10/22 on this form revealed "No change in code status remain a full code per RP (Responsible Party) and patient request" without the signature of resident.

Record review of Resident #81's Face Sheet revealed he was admitted to the facility on 5/19/22 with diagnoses of Heart Disease, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, Hypertension, and Chronic Kidney Disease Stage 4.

Record review of Resident #81's MDS with an ARD of 6/15/23, revealed a BIMS of 10 which indicated mild cognitive impairment.

Record review of Resident #81's Resident/Family

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F 578	Continued From page 13 Consent for Cardiopulmonary Resuscitation dated 6/9/23 revealed the Resident's Representative signed the form. Record review of Resident #99's Face Sheet revealed the resident was admitted to the facility on 12/13/22 with diagnoses that included Chronic Kidney Disease Stage 4 and Muscle Weakness. Record review of Resident #99's MDS with an ARD of 6/19/23, revealed a BIMS of 15 which indicated the resident was cognitively intact. Record review of Resident #99's Resident/Family Consent for Cardiopulmonary Resuscitation dated 12/13/22, revealed the Resident's Representative signed this consent.	F 578		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record	F 600	July 31, 2023, Social Services assistant	9/5/23

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F 600	Continued From page 14 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 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	F 600	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 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	

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F 600	Continued From page 15 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." 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	F 600	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. 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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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 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) #1 revealed 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 # confirmed the alleged statements were made to Resident # 84 and stated, "Yes, she made those statements to Resident # 84." LPN # 1 revealed

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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 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 the 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 ADM revealed that CNA # 7 was in his office on 5/22/23 where she was spoken to by him and the 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

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apologize.

On 7/27/23 at 12:52 PM, a telephone interview with 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 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 ADON 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 after 06/27/23.

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 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

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F 600	Continued From page 19 at the facility June 27, 2023." Record review of 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 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.	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve	F 609		9/5/23

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F 609	Continued From page 20 abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and facility policy review, the facility failed to report an allegation of abuse to the appropriate state agencies 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 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." Also revealed under, "Procedure: ... b. Who is responsible for reporting abuse? i. Any care facility employee, or health care professional, working in connection with the facility who has knowledge or reasonable cause to believe that a patient or resident of a	F 609	August 15, 2023, Director of Nursing verbally reported the allegation of abuse regarding resident #84. August 16, 2023, Assistant Director of Nursing submitted written report of allegation of abuse regarding resident #84 to Mississippi State Department of Health and Attorney General Office. 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 that constitute abuse allegations or resident rights violations had been properly reported. No negative findings from audit. August 10, 2023, Staff Development Coordinator, Registered	

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F 609	Continued From page 21 care facility has been the victim of abuse, exploitation, or neglect. The employee must immediately report all alleged violations to their supervisor then he/she will notify Administrator and Director of nursing immediately .... i. The employee or healthcare professional is to report knowledge or reasonable cause to believe that any patient or resident of a care facility has been the victim of abuse, neglect, or exploitations ..." 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	F 609	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 and regulation. 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/reporting 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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Nursing (DON) with a date of 5/23/23 and under "Offense warrants suspension or discharge: Yes; No was left blank."

An interview with Resident #84 on 7/27/23 at 9:20 AM, 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."

An interview with the Director of Nursing (DON) on 7/27/23 at 9:30 AM 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. She revealed that the CNA no longer worked at the facility and that she quit shortly after the incident. She stated that the RN supervisor on the floor was responsible for the investigation and the required action for the "Record of Concerns" and then they came to her and the Administrator for review and further action. She revealed she had not received any other complaints on CNA #7 before, and she didn't think any further action was warranted and the DON confirmed that she did not report the allegation of abuse to the appropriate state agencies.

An interview with the ADM on 7/27/23 at 9:45 AM, 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,

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F 609	Continued From page 23	F 609		

"She should have been suspended immediately until an investigation was done, and we should have reported it to the state." He stated, "I should have told them to get some interviews from other residents to see if there were other residents with concerns and reported it."

An interview with Licensed Practical Nurse (LPN) #1 on 7/27/23 at 10:35 AM, revealed she was working 3PM-11PM shift on 5/17/23 and was the nurse for Resident #84. 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 # confirmed the alleged statements were made to Resident # 84 and stated, "Yes, she made those statements to Resident # 84." LPN # 1 stated that she notified the charge nurse the next day of the incident.

An interview with the Administrator (ADM) on 7/27/23 at 11:25 AM, 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 confirmed that he didn't write any kind of statement or put anything on paper after speaking with her and confirmed that the allegation of Resident #84's mistreatment was never reported to the state agency. He stated, "Any further investigation that was not completed was on me; I should have further investigated and reported the incident."

Record review of the Face Sheet revealed that

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F 609	Continued From page 24 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 of Mental Status (BIMS) score of 15, indicating full cognitive ability.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and facility policy review, the facility failed to complete a through investigation of alleged abuse for one (1) of 32 residents in initial pool. Resident #84.	F 610	August 15, 2023, Director of Social Services, Licensed Social Worker, and social services department staff interviewed all cognitively intact residents on same unit as resident #84 for any care concerns and/or alleged abuse. August	9/5/23

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F 610	Continued From page 25 Findings include: Record review of the facility policy "Abuse of a Resident Policy" dated 3/6/15, revealed, "It is the policy of this facility to strictly prohibit abuse, mistreatment, neglect, or exploitation of all residents ...All allegations reported to the facility will be thoroughly investigated and handled in accordance with guidelines in this policy ...6. Investigation-It is the policy of this facility to investigate, and report alleged incidents of abuse ...The investigation will be completed by, but not limited to, the key staff responsible for that department and the Administrator ..." 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	F 610	16, 2023, Infection Control Preventionist, Registered Nurse, interviewed staff on same unit as resident #84 for witnessing or observing any care concerns and/or alleged abuse. No care concerns or alleged abuse violations were reported by residents or staff. All residents alleging abuse 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 that constitute abuse allegations or resident rights violations had been properly investigated. No negative findings from audit. 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. Beginning August 11, 2023, 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	

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F 610	Continued From page 26 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." During an interview with on 7/27/23 at 9:20 AM,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." During an interview with the Director of Nursing (DON) on 7/27/23 at 9:30 AM, 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. She confirmed that no further investigation was completed. She stated that the RN supervisor on the floor was responsible for the investigation and the required action for the "Record of Concerns" and then they came to her and the Administrator for review and further action. During an interview on 7/27/23 at 9:45 AM, with the ADM revealed he did sign off on a disciplinary action form for CNA #7 regarding the incident that occurred on 5/17/23 He confirmed that a thorough investigation was not conducted into the	F 610	will address each allegation appropriately, investigate and report per policy and regulation. 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/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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incident. He stated, "She should have been suspended immediately until an investigation was done." He stated, "I should have told them to get some interviews from other residents to see if there were other residents with concerns."

In an interview on 7/27/23 at 10:35 AM, with Licensed Practical Nurse (LPN) #1, she revealed she was working 3-11 shift on 5/17/23 and was the nurse for Resident #84. The resident pushed her call light, and she told 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 on, 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 # confirmed 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 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.

During an interview on 7/27/23 at 10: 50 AM, with the 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

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meeting to discuss with administration. She revealed that she did not recall if the Administrator or Director of Nursing was in the meeting that day. She revealed following the meeting, she gave the Record of Concern to the charge nurse.

During an interview with Resident #84's daughter on 7/27/23 at 11:00 AM, 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."

An interview with the ADM on 7/27/23 at 11:25 AM, revealed that CNA # 7 was in his office on 5/22/23 where she was spoken to by him and the ADON regarding the incident. He confirmed that he didn't write any kind of statement or put anything on paper after speaking with her, and confirmed that a thorough investigation of Resident #84's allegations was never conducted. He stated, "Any further investigation that was not completed was on me; I should have further investigated."

An interview with the Administrator on 7/27/23 at 3:30 PM, revealed CNA # 7 was no longer employed at the facility due to no call, no show which resulted in termination. He confirmed that he should have done a more in-depth facility investigation into Resident #84's allegations and stated, "It's nobody's fault but my own."

The facility provided documentation on letterhead

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F 610	Continued From page 29 dated July 27, 2023, that read, "After initial investigation at time of incident regarding Resident # 84 and Certified Nurse Aide (CNA) # 7, CNA was written up for her behavior and directed to apologize to Resident # 84. A follow-up thorough investigation was not conducted afterwards."	F 610		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced	F 725		9/5/23

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by:
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 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

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, #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

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F 725	Continued From page 31 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 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	F 725	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 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	

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F 725	Continued From page 32 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 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	F 725	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, and/or resolutions.	

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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 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

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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 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)

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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 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.

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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 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

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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.

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

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F 725	Continued From page 38 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. 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.	F 725		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used	F 758		9/5/23

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F 758	Continued From page 39 psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff and pharmacist interviews, record review, and facility policy review, the facility failed to ensure a resident on an as needed (PRN) psychotropic medication had a stop date for one (1) of six (6) medication reviews. Resident #17	F 758	July 25, 2023, Resident #17□s as-needed (PRN) psychotropic medication discontinued by physician (Medical Director). July 25, 2023, physician (Medical Director) writes order for Resident #17 as-needed (PRN)	

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F 758	Continued From page 40 Findings Include: Review of the facility policy titled "Psychotropic Medication Policy and Procedure" revealed under, "Standards: 1. The facility will make every effort to comply with state and federal regulations related to the use of psychopharmacological medications in the long-term care facility to include regular review for continued need, appropriate dosage, side effects, risk and /or benefits." ... Revealed under, "Physician/NP/mental health NP (When available to a facility) ... 3. Orders for PRN psychotropic medications will be time limited (i.e., times 2 weeks) and only for specific clearly documented circumstances." ... Also revealed under, "Consultant pharmacist: 1. Monitors psychotropic drug use in the facility to ensure that medications are not used in excessive doses or for excessive duration. 2. Notifies the physician and the nursing unit if whenever a psychotropic medication is past due for review." Record review of Resident # 17's Medication Administration Record (MAR) for the month of July 2023 revealed an order dated 6/30/23, "Ativan 1 mg (milligram) tablet take one tablet by mouth every 6 hours as needed related to agitation and anxiety" with no stop date. Resident #17 received seven (7) doses from 7/1/23 - 7/25/23. An interview with the Assistant Director of Nursing (ADON) on 7/25/23 at 4:00 PM, confirmed that Resident #17 did not have a stop date for as needed (PRN) Ativan that was ordered on 6/30/23. The ADON stated, "Yes, it should have one."	F 758	psychotropic medication with a stop date of fourteen days (x14 days). All residents receiving as-needed (PRN) psychotropic medications have the potential to be affected by this practice. July 28, 2023, an audit of all residents receiving as-needed (PRN) psychotropic medications was initiated by Quality Assurance Nurse to ensure all orders of as-needed (PRN) psychotropic medications have the required stop date. No negative findings noted. July 29, 2023, Staff Development Coordinator, Registered Nurse, initiated in-service As-Needed (PRN) Psychotropic Medications/Require Stop Date with all nursing personnel and medical records department. Beginning July 29, 2023, Medical Records Department will review all new as-needed (PRN) psychotropic orders for the required stop date. August 17, 2023, Psychotropic Medication Policy reviewed by Quality Assurance and Performance Improvement Committee with no needed changes or revisions made. Beginning July 28, 2023, Director of Nursing/Quality Assurance Nurse will audit/monitor all new as-needed (PRN) psychotropic physician orders for stop dates 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	

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F 758	Continued From page 41 An interview with the Pharmacy Consultant on 7/25/23 at 4:10 PM, confirmed that Resident #17 did not have a stop date for as needed (PRN) Ativan and acknowledged that it should have a stop date. An interview with the Director of Nursing (DON) on 7/26/23 at 8:40 AM, confirmed that all as need (PRN) orders for psychotropics medications should have a stop date so that the physician can re-evaluate and extend the order out if the medication was still needed. Record review of the Face Sheet for Resident #17 revealed the resident was admitted to the facility on 2/07/23 with medical diagnoses that included Cerebral Infarction, Schizoaffective Disorder, Unspecified Dementia, Generalized Anxiety Disorder and Type 2 Diabetes Mellitus.	F 758	continue for the next five months and as needed for any recommendations, revisions, and/or resolutions.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections	F 880		9/5/23

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and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

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F 880	Continued From page 43 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: 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	F 880	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	

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F 880	Continued From page 44 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 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	F 880	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 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.	

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F 880	Continued From page 45 between residents.	F 880		