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| M 000 | Initial Comments<br><br>An annual recertification survey and a complaint survey for MS #21902, MS #22052, and MS #22204 was conducted from 7/31/23 through 8/3/23 at the facility. During the survey, the facility was found not to be in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA determined the facility was not in compliance for CI MS #21902 related to staffing and call bells not being answered but was in compliance with the complaint of residents left soiled. The SA found the facility to not be in compliance with CI MS #22205 related to not being groomed, odors in the facility, staffing and call bells not answered. The SA determined the facility was in compliance related to falls and insufficient food. The SA determined the facility was not in compliance with CI MS #22052 regarding call bells not being answered. The SA determined the facility was in compliance regarding residents not being repositioned and left wet. The facility was cited noncompliance at M225, M500, M610, M625, M655, M970 and M1570.<br><br>At the time of the survey, the facility held a license for 60 beds and had a census of 59. | M 000 | | |
| M 225 | 45.4.1 Nursing Facility<br><br>Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements:<br><br>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 | M 225 | | 9/14/23 |

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| M 225 | Continued From page 1<br>agency may increase the nursing care per resident ratio.<br><br>2. Each facility shall have the following licensed personnel as a minimum:<br><br>a. Seven (7) day coverage on the day shift by a registered nurse.<br><br>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.<br><br>c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.<br><br>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.<br><br>e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.<br><br>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. | M 225 | | |

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| M 225 | Continued From page 2<br>3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements.<br><br>4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observations, resident and staff interviews and record review the facility failed to provide sufficient staff to provide the care needed to the individual residents for two (2) four (4) days of survey.<br><br>Findings Include:<br><br>Review of the typed statement on facility letterhead dated August 2, 2023, and signed by the Administrator revealed, " ... (Proper Name of Facility) does not have a policy on staffing. Facility Staffing is based off of the acuity of the residents as described in the Facility Assessment."<br><br>Review of the typed statement on facility letterhead revealed the facility does not have a policy on answering of call lights and was signed by the Administrator.<br><br>Resident #46<br><br>An observation and interview on 07/31/23 at 11:05 AM with Resident #46 revealed a strong urine odor in the room. The resident revealed he needs someone to come empty his urinal, but he cannot reach his call light. This observation | M 225 | Root Cause Analysis was conducted on 8/10/23 by the Quality Assurance Performance Improvement (QAPI) Committee. Based on findings, the facility failed to provide sufficient staff to provide the care needed for resident # 46 and resident # 36, resident # 49, and resident # 52. On 8/1/23 Resident #49 was offered a bath by Certified Nursing Assistant (CNA) and refused, Resident #36 was gotten up by Certified Nursing Assistant (CNA) at 10 am on 7/31/23, Resident #46 urinal was emptied at 11:45 am by Certified Nursing Assistant (CNA), Resident # 52 received ADL care on 8/1/23 by Certified Nursing Assistant (CNA).<br><br>On 8/10/23, Executive Director(ED) and Director of Clinical Services(DCS) conducted a Quality Review of facility process to determine education needed. All residents have the potential to be affected by this alleged deficient practice.<br><br>On 8/3/23 education was initiated by Regional Director of Clinical Services to provide education to Director of Clinical Services and Executive Director to ensure staffing is adequate to provide necessary care for resident needs. Beginning | |

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| M 225 | Continued From page 3<br>revealed the resident's call light was laying in the floor behind his bed and his urinal was full of urine. He stated they never come when you need them.<br><br>An observation and interview on 7/31/23 at 11:30 AM revealed Resident #46's urinal was still full of urine and his call light was within reach. The resident revealed the staff came in and turned his call light off but did not empty the urinal.<br><br>Record review of Resident #46's Admission Record revealed he was admitted to the facility on 6/25/21 with medical diagnoses that included Cerebral Infarction and Need for Assistance with Personal Care.<br><br>Record review of Resident #46's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/27/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact and in Section G that the resident needed extensive assistance with ADL's.<br><br>An interview on 7/31/23 at 11:15 AM, with Certified Nurse Assistant (CNA) #1 revealed they are always short staffed, and three (3) CNAs called in today. She stated, she had been asking for help all morning and no one would come help, but as soon as the State Agency walked in everyone came out of their offices and started helping. She revealed that Resident #36 had been on his call light ever since she got here at AM, because he wanted to get up and 11 PM-7 AM shift is supposed to get him up, but they did not probably because they were shorthanded. She stated that she explained to the resident that she had to pass breakfast trays and had some resident's she needed to get up for therapy and | M 225 | 9/14/23 facility to have CNA class monthly to ensure adequate staffing levels. Beginning on 8/3/23 any Nurse opening will be filled by hiring new nurses to the facility. On Call Nurses/CNAs will be available to fill call ins as needed.<br><br>Beginning on 8/7/23, the Director of Clinical Services and Executive Director will conduct quality improvement monitoring of staffing levels for the facility daily x 4 weeks, 3x/weekly x 4 weeks, then weekly x 3 months. Findings will be reported to Quality Assurance monthly x 6 months by Director of Clinical Services and/or Executive Director to ensure solution is obtained. On 9/8/23 we will conduct a QAPI to review our findings from Quality Monitoring to ensure our solution is sustained. We will review all findings from our Quality Monitoring on the first Friday of each month, during the QAPI meeting by the QAPI committee in the monthly meeting for 6 months to ensure our solutions are sustained. | |

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he understood. She revealed that the Director of Nurses (DON) walked past Resident #36's room with the call light on and told me that resident needed me, and I told her I knew that but had not had a chance to get to him and she kept on walking. She stated they have 3 CNAs on duty with 58 residents in the building. She stated that she has 20 residents assigned to her, ten (10) must be gotten up for therapy and about 20-25 are supposed to get baths today. She stated she has several that must be turned and have incontinent care and it is hard to do those rounds every two (2) hours since she is alone. She revealed she is asked to work overtime a lot and usually volunteers to do so and works six (6) days a week normally. She stated that the facility just does not have enough help.

An interview on 8/1/23 at 3:30 PM, with the Activities Director confirmed she is working the South Hall this afternoon because they only have one aid. She stated that staffing is an issue because there are a lot of "call ins". She revealed that some things do not get done such as showers because we do not have enough staff.

Resident #36

An observation and interview on 07/31/23 at 12:43 PM with Resident #36 revealed that this facility needs staff bad. Resident #36 stated they do not have enough people to take care of us. He revealed he is supposed to get up every morning around 5:00 AM but he rarely does and its usually because they do not have enough staff. He revealed it was 10 AM before a staff member was able to get him up this morning. He stated, I cannot get myself out of bed and don't have use of my left arm.

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An interview on 8/1/23 at 1:10 PM with CNA #1 confirmed that Resident #36 likes to have his baths early of the morning and likes to stay up after that, so he is scheduled for his bath on the 11 PM-7 AM shift. She revealed about 2-3 times a week that does not happen, and they must do his bath and get him up on the 7 AM-3 PM shift.

An interview on 8/3/23 at 8:20 AM with the Director of Nurses (DON) confirmed that Resident #36 has made the request to be got up and bath given on the 11 PM-7 AM shift. She confirmed there are times that he is not able to be gotten up on the 11 PM-7 AM shift and it is usually due to staffing.

Record review of Resident #36's MDS with an ARD of 5/26/23 revealed under Section C a BIMS score of 15, which indicated that the resident was cognitively intact and under Section G that the resident needed extensive assistance for transferring.

Resident Council Meeting

On 8/1/23 at 2:00 PM, during the Resident Council Meeting, Resident's #9, Resident #14, Resident #21, and Resident #41 revealed that the facility is short staffed a lot. Resident #41 stated that you hear the aides and nurses talking about being short staffed all the time. Resident #14 revealed it takes the staff a long time to answer the call light, that she has had to wait an hour before for them to answer the call lights. Resident #28 revealed he has had to wait 2 hours before for the staff to answer the call light.

Record review of Resident #9's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/4/23 revealed under Section C a Brief

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| M 225 | Continued From page 6<br>Interview for Mental Status score of 13, which indicated the resident is cognitively intact.<br><br>Record review of Resident #14' MDS with and ARD of 7/11/23 revealed under Section C a BIMS score of 14, which indicated that the resident is cognitively intact.<br><br>Record review of Resident #21's MDS with an ARD of 6/14/23 revealed under Section C a BIMS score of 15, which indicated the resident is cognitively intact.<br><br>Record review of Resident #28's MDS with an ARD of 4/25/23 revealed under Section C a BIMS score of 13, which indicated the resident is cognitively intact.<br><br>Record review of Resident #41's MDS with an ARD of 5/22/23 revealed under Section C a BIMS score of 15, which indicated the resident is cognitively intact.<br><br>Resident #49<br><br>On 07/31/23 at 11:15 AM, in an interview with Resident # 49 , revealed she had not been getting her bath as scheduled on Monday, Wednesday, and Friday. She revealed her last bed bath was given last Monday. She revealed she was told last Wednesday and Thursday that there was not enough staff to do it, and on Friday she was told the facility ran out of towels and wash cloths. The resident revealed, at one point, therapy was helping complete her baths due to the shortage of staff. She revealed call ins were the main concern with staffing.<br><br>On 8/01/23 at 2:25 PM, an interview with the DON , confirmed that Resident # 49's bathing | M 225 | | |

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task revealed missing documentation supporting that resident was not given a bath. She stated, "I really couldn't say whether she had a bath those days or not." She revealed that the aides sometimes leave after their shift without documenting. She stated, "It goes back to the staffing issue; When we have two or three aides on the floor, it's hard to find the time to document." She confirmed that if it's not documented, then it's no way to prove the bath was done.

Record review of the MDS with an ARD of 04/28/23 revealed under section C a BIMS score of 14, which indicated Resident #49 was cognitively intact.

Resident #52

An observation on 7/31/23 at 11:10 AM of Resident #52's room revealed his room smelled strong of urine.

An interview and observation on 08/01/23 at 9:56 AM with Resident #52 revealed that he has prosthetic legs and when he is in bed without his legs on and uses his urinal, he calls for them to come empty it and the resident revealed that the staff sometimes takes 2-3 hours to come, or they will come and turn his light off and never empty the urinal.

An interview on 8/1/23 at 1:53 PM, with Resident #52 revealed he must use his call light to have staff come clean him up when he uses the bathroom, and it usually takes them a long time to get to him especially on the night shift. He revealed if they don't show up in time then he tries to clean himself. He stated that the staff now know they would be better off to come clean me

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themselves because I make a mess. He stated, "I just wish they would answer my call light quicker instead of going to take care of someone else while I've been waiting 30-45 minutes".

Record review of Resident #52's MDS with an ARD of 5/23/23 revealed in Section C a BIMS score of 14, which indicates the resident is cognitively intact and under Section G that the resident needed extensive assistance for toileting, personal hygiene, and bathing.

An interview and review of the staffing grid for the last 14 days with the DON and the Assistant Director of Nurses (ADON) on 8/2/23 at 2:15 PM, revealed staffing is an issue. They both admitted that they have plenty of staff but have a lot of trouble with "call ins". The ADON revealed they had 5 CNA's and 1 LPN call in on Monday 7/31/23, 5 CNAs called in on Tuesday, and 2 CNAs called in this morning. The DON stated they just do not know what to do to make people come to work. When reviewing the staffing grid for the past 14 days, it was documented that they had 4 CNAs on duty 7 AM-3 PM on 7/31/23. When the State Agent ask about the documented 4 CNA's because there were only 3 on duty when we entered the building at 11:00 AM on 7/31/23 the ADON admitted that 2 CNAs had called in for the 7 AM-3 PM shift Monday and CNA #7 went to work the floor after their morning meeting. When the SA asked what time the morning meeting was over, she revealed it ended around 10:30 AM, When the SA ask what time the majority of baths were completed, both the DON and ADON admitted they would be done between 7 AM-11 AM. The ADON stated that she thought 2 CNAs were coming in late and they usually are here by 9 AM, so she assumed they had already come in and no one told her any different.. Review of the

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facilities list of CNA'S revealed the facility had 24 CNAs with five (5) being full time and 19 being "As Needed" (PRN). The ADON stated that she admits there are things that don't get done due to not having enough staff such as baths. The DON agreed with the ADON and stated, we just try to do what's needed the most with the staff we have.

An interview and review of the Facility Assessment with the Administrator on 8/2/23 at 11:15 AM, revealed on page 8 under "Staffing Plan 3.2. Based on your resident population and their needs for care and support, describe your general approach to staffing to ensure that you have sufficient staff to meet the needs of the residents at any given time and in the staff, graph revealed that the facility needed 8 LPN's, 14-15 CNAs, and 3 other nursing personnel". During this interview the Administrator revealed that the graph information under "Staffing Plan" in the Facility Assessment that showed the facility needed eight (8) LPN's and 14-15 CNA's and 3 other nursing personnel was for a 24-hour period.

Record review of the Staffing Grid for the past 14 days with the DON and the ADON revealed there were two days where the facility failed to provide sufficient staff to meet the needs of the residents.

An interview on 8/2/23 at 1:45 PM, with the Administrator confirmed that the facility has issues with staffing especially CNA's. He revealed he is not sure how to make these people come to work but agreed it is not the resident's fault and they were needed for resident care.

An interview with the DON on 8/01/23 at 2:50 PM, confirmed that the facility had been struggling with staffing issues for a while. She stated, "Especially the CNA's." She revealed yesterday

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| M 225 | Continued From page 10<br>(7/31/23) they had 3 aides for the entire building with a census of 58, making each aide responsible for 19 or 20 residents. She revealed that they had 5 aides on the schedule and one aide called in and one aide called and said she would be late, but never showed. She revealed the nurses from the office usually come out to help when the aides are short but confirmed that the office staff failed to come out and help yesterday with only three aides. She stated, "We should have been helping." | M 225 | | |
| M 610 | 45.21.2 Activities of daily living<br><br>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observations, resident and staff interviews, record review and facility policy review the facility failed to shave, clean and trim nails and bath residents that were dependent on staff for their Activities of Daily Living (ADL) for five (5) of 59 residents reviewed on the initial tour. Resident #22, Resident #35, Resident #38, Resident #44, and Resident 49. | M 610 | Root Cause Analysis was conducted on 8/1/23 by Quality Assurance Performance Improvement (QAPI) Committee and based on findings, the facility failed to shave, clean and trim nails and bath residents dependent on staff for their Activities of Daily Living (ADL) for resident #22, #35, #38, #44, and #49. On 8/1/23 Activities of Daily Living (ADL) care was performed by Certified Nurse Assistant on resident #22, #35, #38, #44, and #49 for | 9/14/23 |

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| M 610 | Continued From page 11<br>Findings include:<br><br>Record review of the facility policy titled "Grooming Activities" with a revision date of 03/19/19 revealed, under, "Policy: Grooming activities are provided to assist the residents in meeting their physical needs as well as self-esteem needs." Also revealed under, "Procedure: 1. Grooming activities shall be offered daily. 2. Grooming Activities shall include, but are not limited to: Shaving, Applying Make-up, Combing Hair, Nail Care ..."<br><br>Record review of the facility policy titled "Bathing/Showering" with a revision date of 04/20/22 revealed under "Policy: The resident preferences on bathing/showering will be reviewed and identified upon admission, including frequency, and other preferences. ... Also revealed under, "Procedure: ... Document in the medical record." ...<br><br>Record review of the facility policy titled "Activities of Daily Living" with an effective date of 02/01/2022 revealed under, "Policy: ... ADLs include bathing, dressing, grooming, hygiene, toileting, and eating. Also revealed under, "Procedure: 1. CNA will review the resident Kardex for information on individual care needs and preferences 2. CNA will provide needed oversight, cueing or assistance to resident 3. CNA will report any changes in ability or refusals to the nurse 4. CNA will document care provided in the medical record."<br><br>Resident #22<br><br>Observations on 07/31/23 at 12:29 PM and on 8/1/23 at 8:32 AM revealed Resident #22's fingernails on both hands were long and grown | M 610 | nail care, shaving and grooming. On 8/1/23 a Quality Review by the Director of Clinical Services (DCS) and Assistant Director of Nurses(ADON) on all dependent residents to ensure that all dependent residents are provided Activities of Daily Living (ADL) as needed.<br><br>All residents have the potential to be affected by this issue.<br><br>Education conducted on 8/3/23 by Director of Clinical Services (DCS) with Certified Nurse Assistants and Licensed Nurses on this regulation to ensure all dependent residents are provided Activities of Daily Living (ADL) care. Beginning on 8/3/23 Activities of Daily Living (ADL) skills competency check-offs were initiated with CNAs.<br><br>Beginning on 8/4/23 Quality Monitoring of Activities of Daily Living (ADL) to include nail care, shaving and grooming for 5 dependent residents to be conducted by Director of Clinical Services and Assistant Director of Nurses (ADON) 3x/weekly x 4 weeks, then 2x/weekly x 4 weeks, then monthly x 3 months. Findings will be reported monthly by the Director of Clinical Services x 6 months to ensure our solution is obtained. On 9/8/23 we will conduct a QAPI to review our findings from Quality Monitoring to ensure our solution is sustained. We will review all findings from our Quality Monitoring on the first Friday of each month, during the QAPI meeting by the QAPI committee in the monthly meeting for 6 months to ensure our solutions are sustained. | |

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out past the end of her fingers. All the nails on her left hand and middle finger on right hand had a dark brown substance under each nail.

During an observation and interview, on 8/1/23 at 2:45 PM with Licensed Practical Nurse (LPN) #2 confirmed the brown substance under Resident #22's fingernails and that the nails were long and had sharp broken edges. She stated that the resident could scratch herself or someone else. Resident #22 also had a brown substance between all her toes on both feet. LPN #2 stated that it was horrible and obvious the resident had not been getting a good bath.

During an interview on 8/1/23 at 3:05 PM, with the Director of Nursing (DON) confirmed that long sharp fingernails could result in skin tears for the resident. She stated if the resident is not diabetic, the Certified Nursing Assistants (CNA's) are responsible for nail care. The nurses are responsible for checking and cutting the nails of diabetic residents weekly. She stated that if the resident had brown stuff caked between her toes she probably didn't get a good bath. She stated that CNAs are responsible for baths and the wound care nurse is also responsible for doing skin checks. She stated that they were doing the best they can.

Review of Resident #22's Admission Record revealed an admission date of 5/29/21 with diagnoses that included Cerebral Infarction, Type 2 Diabetes Mellitus, and Alzheimer's Dementia.

Review of Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/25/23 revealed Resident #22 did not require a Brief Interview for Mental Status (BIMS) to be conducted because the resident is

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rarely/never understood. Section G Functional Status revealed Resident #22 was totally dependent on two (2) staff members for personal hygiene and bathing.

Resident #35

An interview, with Resident #35 on 8/1/23 at 8:30 AM revealed that he did not feel like the care was good here and stated that they are slow to come to the room.

During an observation on 08/02/23 at 9:40 AM, revealed Resident #35 wearing the same plaid pants and gray shirt that he had on the day before.

During an interview on 8/2/23 at 9:41 AM, with CNA #5 revealed she did not know if Resident #35 was supposed to get a bath today. She stated she did not know when he was supposed to get a shower and did not know how to find out that information.

Later that day in an interview on 8/2/23 at 2:20 PM with CNA #5 stated that Resident #35 did not get a bath today and it was not charted that he did.

During an interview on 8/2/23 at 2:30 PM, with the DON revealed that if something was not charted then it was not done.

Record review of the ADL documentation for baths for Resident #35 revealed five (5) days in July 2023 that no bath/shower was documented for the resident.

Record review of Section G of the MDS with an ARD of 6/7/2023 revealed Resident #35 required

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one-person physical assist for help in part of bathing activity. Section C revealed a BIMS score of five (5) which indicated Resident #35 was severely cognitively impaired.

Review of the Admission Record for Resident #35 revealed an admission date of 5/26/2023 with diagnoses that included Weakness and Overactive Bladder.

Resident #44

During an interview and observation on 07/31/23 at 11:35 AM with Resident #44 revealed the resident had gray facial hair that was approximately 1 inch long with 1-inch-long gray hair coming out of his ears and the resident revealed he would like to be shaved.

In an interview and observation on 8/1/23 at 1:13 PM, with CNA #1 confirmed that Resident #44 needed to be shaved, have a haircut and the hair in his ears needed to be trimmed. Resident #44 stated he wanted to be shaved, have a haircut, and trim his ear hairs. CNA #1 revealed shaving should be included in the resident's showers or baths and for some reason the other aides wait for her to do it, so he only gets it done when he is assigned to her.

During an interview with the DON and the Assistant Director of Nurses (ADON) on 8/2/23 at 1:30 PM, confirmed that shaving is a part of bathing and if the resident needs and wants to be shaved then the staff should take care of that during the resident's bath.

Record review of Resident #44's "Admission Record" revealed the resident was admitted to the facility on 10/07/2020 with medical diagnoses

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that included Unspecified Intellectual Disabilities, Unspecified Dementia and Blindness-right eye category 4 and left eye category 2.

Record review of Resident #44's MDS with an ARD of 6/23/23 revealed under Section C a BIMS score of 12, which indicated the resident is cognitively intact and under Section G that the resident needed physical help with bathing.

Resident #38

An observation on 07/31/23 at 12:02 PM, of Resident #38 revealed long nails, with a thick brown substance underneath.

An observation on 8/01/23 at 12:53 PM, of Resident # 38 revealed she was sitting in a wheelchair in her room and nails were observed to be long with a dark brown substance underneath.

An observation and interview on 8/01/23 at 1:00 PM, with CNA # 6 confirmed that Resident #38's nails were long and dirty. She revealed the CNA's do not cut or clean the residents' nails and revealed that it was the responsibility of the wound nurse.

An observation and interview on 8/01/23 at 1:04 PM, with RN # 1 confirmed that Resident #38's nails were long and dirty. She revealed that it was the Wound Nurse's job to clean and cut the residents' nails and confirmed that Resident #38 could scratch herself and cause skin issues and stated," It's infection control."

An observation and interview on 8/01/23 at 1:30 PM, with the DON confirmed that Resident #38's nails were dirty and needed trimming. She

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revealed that the aides were responsible for cleaning the nails as part of their routine daily care with the bathing. She revealed the aides can cut the nails of the residents if the resident was not a diabetic. She stated, "They know that they should be doing that every day."

Record review of the Admission Record for Resident #38 revealed the resident was admitted to the facility on 11/30/21 with medical diagnoses that included Cerebral Infarction, Dysphasia, Essential (Primary) Hypertension, and Pseudobulbar Affect.

Record review of the MDS with an ARD of 6/19/23 revealed under section C a BIMS score of 10, indicating Resident #38 is moderately cognitively impaired.

Resident #49

During an interview with Resident #49 on 7/31/23 at 11:15 AM, revealed she had not been getting her bath as scheduled on Monday, Wednesday, and Friday. She revealed that her last bed bath was given last Monday (7/24/23).

An interview on 8/01/23 at 3:42 PM, with LPN # 2 revealed Resident # 49 did refuse some baths. She stated, "She likes certain people to give her baths and if they're not here, she will refuse."

In an interview on 08/01/23 at 11:16 AM, with Resident #49 revealed that she requested her bathing schedule to be on Monday, Wednesday, and Friday only. The resident stated, "If I refuse, it is because I only want a bath on those days."

During an interview on 8/02/23 at 2:17 PM, with LPN # 1 revealed the facility had a bath schedule

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at the nurse's desk that the aides were supposed to follow.

Record review of the ADLs for the month of May 2023 revealed there was not any documentation for the bathing task for Monday 5/22/23. Documentation revealed under Monday, 5/29/23, "3 - Not Applicable" for the bathing task.

Record review of the ADLs for the month of June 2023 revealed there was not any documentation for the bathing task for Monday 6/5/23. Documentation revealed under, Friday, 6/02/23, Monday, 6/19/23, Wednesday, 6/21/23 and Monday 6/26/23, "3 - Not Applicable" for the bathing task.

Record Review of ADLs for the month of July 2023 revealed there was not any documentation for the bathing task for Friday 7/14/23, Monday 7/24/23 and Wednesday 7/26/23. Documentation revealed under, Monday 7/3/23, "3 - Not Applicable" for the bathing task.

An interview with the DON on 8/02/23 2:25 PM, confirmed that Resident # 49's bathing task revealed missing documentation supporting that resident was given a bath. She stated, "I really couldn't say if she had taken a bath those days." She revealed that the aides sometimes leave after their shift without documenting. She confirmed that if the task was not documented, then it was not done.

Record review of the Admission Record for Resident #49 revealed she was admitted to the facility on 01/23/23 with medical diagnoses that included Rheumatoid Arthritis, Repeated Falls, Chronic Pain Syndrome and Need for Assistance with Personal Care.

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| M 610 | Continued From page 18<br><br>Record review of the MDS with an ARD of 04/28/23 revealed under section G that Resident #49 requires two-person physical assist with personal hygiene The MDS revealed under section C a BIMS score of 14, which indicated Resident #49 is cognitively intact. | M 610 | | |