STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17LD	A. BUILDING: _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	3068 NAIL ROAD WEST HORN LAKE, MS 38637

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 08/14/23 through 8/17/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M610 and M1570. The facility held a license for 60 beds at the time of survey and the facility census was 54.	M 000		
M 610	45.21.2 Activities of daily living 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: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review, and facility policy review, the facility failed to provide personal hygiene to residents as evidenced by chapped peeling lips, long nails with a brown substance underneath, and yellow substance on teeth for two (2) of 18 residents sampled for activities of daily living (ADL'S). Resident #23, and #39. Findings include:	M 610	On 8/15/2023, the Director of Nurses (DON) provided oral and nail care to resident #23. Resident #23's plan of care was updated on 8/15/2023 by the Minimum Date Set (MDS) nurse. On 8/15/2023, oral care including moisture cream was provided to resident #39 by the DON. Resident #39's plan of care was updated by the MDS nurse on 8/15/2023. All residents have the potential to be affected by this deficient practice.	9/18/23

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M 610	Continued From page 1 Record review of the facility policy titled, "Activities for Daily Living" with a revision date of 12/20 revealed "...Procedure: 1. ADLs to be resident-specific and reflect current resident status..." Resident #23 An observation on 8/14/23 at 3:43 PM, of Resident #23 revealed, him lying in bed, non-verbal, with long fingernails on both hands that measured three-eights (3/8) inch with a brown substance underneath. The resident was observed with a thick layer of yellow substance on upper and lower teeth. An observation and interview on 8/15/23 at 10:05 AM, with Certified Nurse Aide (CNA) #4 confirmed that Resident #23 had long nails with a brown substance underneath. She revealed that the treatment nurse cuts and cleans the resident's nails. She confirmed that the resident had a thick yellow substance on his upper and lower teeth and stated, "It's probably some plaque or something." She revealed that she used lemon glycerin swabs, or the pink mouth swabs every shift for oral hygiene and acknowledged she did not brush his teeth. An observation and interview on 8/15/23 at 10:10 AM, with Licensed Practical Nurse (LPN) # 2 confirmed that Resident #23 had long dirty nails. She revealed that the resident should get his nails cleaned as part of his routine bath by the aide. She revealed that a Registered Nurse (RN) must trim his nails because he was a diabetic, but the aides can clean them. LPN #2 revealed the aides use mouth swabs to perform oral care on the resident.	M 610	An in-service was completed by the DON and Administrator on 8/17/2023 for all nursing staff on the facility oral and nail care policy and procedures. All residents in the facility were checked by the DON to ensure proper and timely oral and nail care was provided on 8/17/2023. Additionally, all residents were checked by the DON on 8/17/2023 for signs of needing moisture cream administered to their lips. Any and all negative findings were addressed immediately by the DON. The DON will audit five residents a week for four weeks starting on 8/20/2023 and ending on 9/16/2023 and then 20 residents monthly for three months and then 20 residents quarterly continuously. The Administrator and DON will present findings of audits in the Quarterly Quality Assurance (QA) meeting on 9/18/2023 and then quarterly until substantial compliance is obtained. If any negative findings are identified with current plan of correction, the QA committee will revise the current plan of correction until substantial compliance is obtained.	

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M 610	Continued From page 2 An observation and interview on 8/15/23 at 10:30 AM, with the Director of Nursing (DON) confirmed that Resident #23 had long nails with a brown substance underneath. She stated, "They need cut and cleaned." She also confirmed that the resident had a yellow substance adhering to his upper and lower teeth. She revealed that the aides were using lemon glycerin or pink swabs for oral care, but they were not brushing his teeth. The DON confirmed that dental caries or gingivitis could result. She also confirmed that the resident could scratch himself or the staff with the long nails. Record review of the August Electronic Treatment Administration Record (ETAR) revealed, "Diabetic Fingernail Care Per RN As Needed" with an order date of 7/27/23 with no documentation that fingernail care had been performed for Resident #23. Record review of the Face Sheet for Resident # 23 revealed the resident was re-admitted to the facility on 7/27/22 with medical diagnoses that included encounter for Attention to Gastrostomy, Type 2 Diabetes Mellitus, and Cerebral Infarction due to Embolism. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/17/23 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 00, indicating Resident #23 never/rarely makes decisions or understood. Section G revealed Resident #23 requires total dependence with personal hygiene. Resident #39 On 08/14/23 at 02:25 PM, an observation	M 610		

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M 610	Continued From page 3	M 610		

revealed Resident #39 lying in bed, and unable to converse with the State Agent (SA). The resident is tube fed and her upper and lower lips were dry, cracked, and peeling.

On 08/14/23 at 03:28 PM, the SA observed Resident #39 lying in bed awake and her upper and lower lips were dry, cracked, and peeling.

On 8/15/23 at 8:43 AM, revealed Resident #39 lying in bed awake. Her upper and lower lips were dry and cracked with a peeling substance noted on the lips.

On 08/15/23 at 11:00 AM, an observation and interview with Certified Nursing Assistant (CNA) #1 revealed Resident #39 lying in bed awake. CNA #1 revealed she is the shower aide and was giving the resident a bed bath. She confirmed the resident's lips were very dry and cracked when she came in to give her a bath, she revealed it was peeling bad and that's why I started putting the moisturizer on her lips. She revealed the aide that is assigned to the resident is supposed to make sure that they do oral care, especially for her since she is a mouth breather and it looked like her lips hadn't been done in a while.

On 08/15/23 at 11:17 AM, an interview with CNA #2 revealed, she was assigned to Resident #39 yesterday and today. She revealed this morning when she came in, she didn't notice her dry lips and used the pink swab. She confirmed she didn't do mouth care yesterday and hasn't applied any moisturizer for the past two days. She revealed we are supposed to do mouth care every day and whenever the resident needs it.

On 08/15/23 at 11:25 AM, an interview with Licensed Practical Nurse (LPN) #1 revealed, she

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M 610	Continued From page 4	M 610		

is assigned to the resident today and had been in her room several times this morning doing care to her peg (percutaneous endoscopic gastrostomy) tube. She confirmed that she noticed the resident's lips were dry and cracked and peeling this morning and revealed she is feisty and some days lets me put moisturizer on her and someday's not. She revealed she didn't try to put moisturizer on her and told the bath aide that was getting ready to give her a bath that her lips were dry and cracked and the bath aide said she would take care of it.

On 08/15/23 at 12:00 PM, an interview with CNA #1, in the presence of the Director of Nurses (DON), confirmed Resident #39's lips were very dry and peeling when she went in to give her a bath this morning and when she cleaned the side of the lip it started bleeding. She revealed she cleaned her lips off and applied moisturizer to them.

An interview on 08/15/23 at 12:15 PM, the DON revealed mouth care is supposed to be done at least once a shift and as needed. She revealed that they use lemon or pink swabs and Resident #39 also uses moisturizer.

A record review of the facility's Face Sheet for Resident #39 revealed an admission date of 9/23/21 with diagnoses that included Alzheimer's disease, Depression, and Adult Failure to Thrive.

A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/24/2023 revealed no Brief Interview for Mental Status (BIMS) score due to Resident #39 being severely impaired-never/rarely made decisions.

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M1570	Continued From page 5	M1570		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to prevent the likelihood of the spread of infection as evidenced by staff not cleaning vital sign equipment between residents for one (1) of four (4) survey days. Findings include:	M1570	On 8/16/2023, Licensed Practical Nurse (LPN) #1 cleaned the vital sign multi-use equipment between her remaining med pass until the end of the shift per the Director of Nurses (DON) instruction. All residents have the potential to be affected by this deficient practice. An in-service was conducted by the DON	9/18/23

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M1570	Continued From page 6 Record review of facility policy titled, "Infection Control Policy for General Cleaning and Maintenance of Equipment" dated 8/21, revealed, "It is the policy of this facility that all resident care equipment will be cleaned and decontaminated after use and will be prepared for reuse by the same or another resident." During a medication administration pass on 8/16/23 at 7:50 AM, an observation revealed Licensed Practical Nurse (LPN) #1, entered resident room #214 and vital signs were checked with the multi-resident use equipment. LPN #1 then went into resident room #216, checked the resident's vital signs using the same multi-resident use equipment. LPN#1 did not clean the multi-resident use equipment prior to use, between use, or after use. An interview with LPN #1 on 8/16/23 at 8:00 AM, revealed she cleaned the equipment at the beginning of her shift to get it ready for her day. She stated she does not clean the vital sign equipment between residents unless it is visibly soiled. She stated she had been in-serviced on infection control, but she was uncertain if the facility has a policy related to the cleaning of patient care equipment between residents. She confirmed that without properly cleaning of equipment, there was a potential for an infection to spread. During an interview on 8/16/23 at 12:30 PM, the Director of Nursing (DON) confirmed that not cleaning the multi-resident use equipment between residents could lead to an infection control concern and could lead to the spread of an infection.	M1570	and Administrator on the facility Infection Control Policy for all staff on 8/17/2023. The DON will audit the use of using disinfecting products on all multi use equipment between residents. The audit will start on 8/20/2023, DON will audit 5 staff a week for 4 weeks then five staff monthly for three months then 15 staff quarterly ongoing. The Administrator and DON will present findings to the Quarterly Quality Assurance (QA) committee on 9/18/2023 and then quarterly until substantial compliance is achieved. If any negative findings are identified with the current plan of correction, the QA committee will revise the current plan of correction until compliance is obtained.	