STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255281	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

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 08/14/23 through 08/17/23. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F656, F677 and F880. The facility held a license for 60 beds, with a census of 54.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		9/18/23

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

Electronically Signed | 09/05/2023

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F 656	Continued From page 1 rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review and facility policy review, the facility failed to a implement a comprehensive care plan for a resident requiring oral care and a resident requiring nail care and for two (2) of 18 residents care plans reviewed. Resident #23 and #39 Findings include: A review of the facility policy titled, "Care Plan Process" with a revision date of 08/17 revealed, "Regulations required facilities to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity and needs, in relation to a number of specified areas (e.g., customary routine, vision, and continence). The results of the assessment, which must accurately	F 656	On 08/15/2023, Director of Nurses (DON) provided oral care and nailcare to resident #23. Resident #23's care plan was updated on 8/15/2023 by the Minimum Data Set (MDS) Nurse. On 8/15/2023, oral care including a moisture cream was provided to resident #39 by the DON. Resident #39's care plan was updated on 8/15/2023 by the MDS nurse. All residents have the potential to be affected by this deficient practice. An in-serviced was completed by the DON and Administrator on 8/17/2023 for all nursing staff on facility oral and nail care policy and procedures. All residents in the facility were checked by the DON to	

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F 656	Continued From page 2 reflect the resident's status and needs, are to be used to develop, review, and revise each resident's comprehensive person-centered plan of care..." Resident #23 Record review of Resident # 23's Care Plan with a problem on set date of 9/14/2016 revealed "RESIDENT IS DEPENDENT WITH ADLS (Activities of Daily Living) ..Approaches ... PROVIDE AM/PM CARES..." Record review of Resident #23's Care Plan with a problem onset date of 6/10/2019 revealed, "RESIDENT HAS A DX (diagnosis) OF DIABETES MELLITUS (DM) ...Approaches ... DIABETIC FINGERNAIL CARE PER RN AS NEEDED..." An observation on 8/14/23 at 3:43 PM, revealed Resident #23 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 his upper and lower teeth. 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. An interview with the Minimum Data Set (MDS)	F 656	ensure proper and timely oral and nail care were provided on 8/17/2023. Additionally, all residents were checked by DON on 8/17/2023 for signs of needing moisture cream administered to there lips. Any and all negative findings were addressed immediately by the DON. The DON will audit five residents a week for four weeks starting 8/20/2023 and ending on 9/16/2023 and then monthly for three months and then quarterly. 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 achieved. If any negative findings are identified with current plan of correction, the QA committee will revise the plan of correction until compliance is obtained.	

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F 656	Continued From page 3	F 656		

Nurse on 8/15/23 at 12:05 PM, revealed she was responsible for developing the comprehensive care plans. She revealed she looked over Resident
#23's physician orders and the resident to determine what kind of assistance the resident would need. She confirmed that Resident #23's care plan for diabetic finger nail care and oral care was not followed. She revealed the purpose of the care plan was to be a guide for the staff as to what care to provide for the resident.

An interview with the Director of Nursing (DON) on 8/15/23 at 12:10 PM, confirmed that Resident #23"s care plan was not followed for nail and oral care.

Resident #39

Record Review of Resident #39's Care Plan problem with onset of 01/01/2021 revealed " Resident is edentulous ...Approaches ...Assist resident with maintaining good oral hygiene..."

A review of the Care Plan problem with onset of 01/01/2021 revealed "Resident needs assist with ADL's ... Approaches Offer and assist with ADLs as needed..."

An observation on 08/14/23 at 02:25 PM, Resident #39 revealed she was lying in bed, unable to converse with State Agent (SA) and was being tube fed. Resident #39's upper and lower lips were dry, cracked, and peeling.

An observation on 08/14/23 at 03:28 PM, revealed Resident #39 was lying in bed awake. Her upper and lower lips were dry, cracked, and peeling.

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F 656	Continued From page 4 An observation on 08/15/23 at 08:43 AM, revealed Resident #39 lying in bed awake with her upper and lower lips dry and cracked with a peeling substance noted on the lips. On 08/15/23 at 11:50 AM, an interview with the MDS nurse revealed she is responsible for developing the comprehensive care plan, and the care plans are developed for each individual resident so the staff will know how to take care of them. She confirmed the care plan for Resident #39 was not followed for oral care. An interview on 08/15/23 at 12:00 PM, Certified Nursing Assistant (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. 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 confirmed the oral hygiene care plan was not implemented for the resident.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: 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	F 677	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	9/18/23

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F 677	Continued From page 5 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: 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.	F 677	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. 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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F 677	Continued From page 6	F 677		

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.

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

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F 677	Continued From page 7	F 677		

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 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

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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 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

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F 677	Continued From page 9 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 MDS with an ARD of 7/24/2023 revealed there was no BIMS score due to Resident #39 being severely impaired-never/rarely made decisions.	F 677		
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 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	F 880		9/18/23

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F 880	Continued From page 10 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. §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 observation, staff interviews, and	F 880	On 8/16/2023, Licensed Practical Nurse	

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F 880	Continued From page 11 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: 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.	F 880	(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 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255281	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) COMPLETION DATE
F 880	Continued From page 12 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.	F 880		