STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41NM	A. BUILDING: _____ B. WING _____	09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	739 4TH STREET SOUTH BALDWYN, MS 38824

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey along with a complaint investigation (CI) MS #22064, CI MS #22071, and CI MS #22099 at the facility from 9/5/23 through 9/7/23. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm related to M610. The SA identified non-compliance and cited M500 for failure to resolve a resident's grievance and M625 for failure to provide range of motion exercises for CI MS #22099. The SA identified non-compliance and cited M815 for failure to wear a hair net while prepping food and unlabled and undated foods. There were no deficiencies cited for CI MS #22064 and CI MS #22071. The census at the time of the survey was 98 with a bed capacity of 107.	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 observation, staff interview, record	M 610	1) On 9/06/2023 resident number 71 Activities of Daily Living care was given to	10/19/23

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M 610	Continued From page 1 review and facility policy review the facility failed to provide personal hygiene to a resident requiring assistance as evidenced by long dirty jagged nails for one (1) of 23 residents reviewed. Resident #71. Findings include: A record review of the facility policy titled, "Nails, Care of" with a revised date of 07/17, revealed under "Policy...It is the policy of (facilities proper name) that nails should be properly cared for." A record review of the facility handout titled "Facility Specific Handout" revealed under the title "Providing Excellent Resident Care... 6. Nail care: clean nails every shift/PRN (as needed) and file as needed. RN/LPN (Registered Nurse/Licensed Practical Nurse) Observations on 09/05/23 at 11:05 AM and 4:36 PM, of Resident #71 revealed bilateral fingernails were approximately one-half (1/2) inch long and jagged past the tips of his fingers with a brown substance underneath his fingernails. An observation on 09/06/23 at 10:00 AM, of Resident #71 revealed bilateral fingernails to be approximately 1/2 inches past the tips of his nails with a brown substance underneath his fingernails. An interview on 09/06/23 at 10:05 AM, with Certified Nurse Aide (CNA) #1 revealed she is assigned to the resident today and revealed they are not allowed to cut the nails only clean them. She confirmed that she did clean underneath them as best as she could this morning and confirmed that the nails were long and still had some brown stuff underneath them.	M 610	trim and clean nails by the Treatment Nurse. 2) All residents have the potential for the same deficient practice. 3) All other residents rounds were completed on 9/18/2023 by the Director of Nursing (DON) to ensure Activities of Daily Living (ADL) care is given to prevent ADL care deficiencies, to include nail care. The Policy Nail Care was updated 9/26/2023 by the DON, to include the cleaning of nails on every shift and as needed (PRN). Employees will be in-serviced by the Clinical Educator starting by 9/29/2023 and completed by 10/19/2023 to the proper ADL care for residents to include proper nail care. 4) The Nursing Leadership Team started rounds the following week 9/18/2023 and will round on 5 facility residents to ensure proper ADL care weekly for one month (September), then every two weeks for one month (October), and once monthly (November). The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to	

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M 610	Continued From page 2 An observation and interview on 09/06/23 at 10:21 AM, the Director of Nurses (DON) confirmed that Resident #71's nails were long and needed to be cleaned. He revealed with his nails being that long he could scratch himself and create a skin tear and that it was the responsibility of the treatment nurse to cut the nails and he wasn't sure when the last time they were done. An interview on 09/06/23 at 11:35 AM, with the Treatment Nurse revealed, "I try to keep the nails trimmed but the schedule has changed for doing the nails," she revealed his fingernails are to be done on the 19th of this month and honestly the nail care for the residents has been sporadic. She stated, "I try to do them every week. I don't always document when nail care is done and honestly, I'm not sure when he last had them done." A record review of Resident #71's "Face Sheet" revealed he was admitted to the facility on 2/09/22 with diagnoses that include Unspecified intracranial injury, Hemiplegia, Dysphagia, Neuralgia, and Neuritis. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/9/23 revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident has a severe cognitive impairment.	M 610	ensure solutions are sustained. 5) 10/19/23.	
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food	M 815		10/19/23

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M 815	Continued From page 3 Code Regulations. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, and facility policy review the facility failed to ensure food items in the refrigerator/freezer were labeled and dated or discarded by expiration date and failed to ensure a dietary cook was wearing a beard restraint while prepping foods, for one (1) of two (2) kitchen tours. Findings Include Record review of the facility policy titled, "Food and Supply Storage" with a revision date of 1/23 revealed "Policies: All food, non-food items, and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption... Procedures: ... Cover, label and date unused portions and open packages ...Discard food past the use-by or expiration date..." Record review of facility policy titled, "Uniform Dress Code" with a revision date of 1/23, Policy #E006 revealed ...Procedures: Associates Working with Food...Restrain all facial hair with a beard net/restraint..." An observation and interview during the initial tour of the kitchen on 09/05/23 at 10:10 AM, revealed the "pass-through" refrigerator had a metal container with no date and no label. Dietary worker #1 identified the food item in the metal container as coleslaw, and stated, "I'm guessing they had it yesterday but I'm not sure." A large	M 815	" On 9/06/23 the Registered Dietician (RD) removed and disposed of all undated foods and began storing and dating foods as required. On 9/06/2023 the RD instructed employees on proper hairnet and beard coverings. The employees were instructed and started wearing proper hairnets to include beard coverings on 9/06/23. " All residents have the potential to affected by this deficient practice. " Consultant RD will in-service all Food and Nutrition employees on 9/26/2023 to include storage and labeling of opened packaging and proper hair and beard coverings in the department. " Starting the week of 9/18/23 the Dietary Director (RD), Consultant RD, or Consultant Director will round three times a week for four weeks, then twice a week four weeks, and then once a week for four weeks on proper food labeling, dating, and hairnet/beard covering. The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on (9/26/23). Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting	

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M 815	Continued From page 4 zip-lock bag which Dietary Worker #1 identified as lettuce and eleven cups were identified as prunes with no label and no date. A 12-pound (lb.) container with a manufacturing label of mustard potato salad with a label that indicated an open date of 8/30 and good through 9/2. Dietary worker #1 revealed that the potato salad was supposed to be thrown out and food that was old could possibly make a resident sick. An observation of the prep cooler revealed a large zip lock bag that the Dietary Manager (DM) identified as spinach, an opened 15 lb box which the DM revealed was bacon and a 12 lb box that the DM identified as sausage with no label and date on the items. The DM confirmed all foods are supposed to be labeled and dated and confirmed the items found were not labeled and dated. An observation of the walk-in freezer #7 revealed multiple open food items in their original bags not dated or labeled. The DM identified the food items as a bag of chopped onions, a bag of tater tots, a bag of chicken nuggets, and a bag of English peas. The DM stated that it was a failure on their part to make sure the items were labeled, dated and discarded on expiration dates. An observation and interview on 09/05/23 at 10:35 AM, revealed a dietary worker that had approximately one and one- half inches of facial hair on his chin and side of his face with no covering over his beard and was observed prepping food. The DM revealed all hair including beards are supposed to be kept covered. She revealed with hair not being covered the hair could possibly fall into the food. An interview on 09/06/23 at 4:35 PM, with the Assistant Administrator revealed we do make sure that all our foods are labeled and dated. He stated he was surprised to hear that there were	M 815	and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained. " 10/19/23	

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M 815	Continued From page 5 food items found yesterday not labeled and dated. He revealed the purpose of labeling and dating foods is to ensure the foods are not expired. He revealed the worker with the long facial hair not covered could have caused an issue with hair being in the food. It's our policy that facial hair is supposed to be covered as well.	M 815		