

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER The Pillars of Biloxi		STREET ADDRESS, CITY, STATE, ZIP CODE 2279 Atkinson Road Biloxi, MS 39531	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>37415</p> <p>Based on interviews, record review, and facility policy review the facility failed to ensure resident council concerns were resolved in a timely manner for six (6) of 6 months reviewed. (November 2023, December 2023, January 2024, February 2024, March 2024, April 2024)</p> <p>Findings Include:</p> <p>Review of the facility's policy, Grievances and/ or Concerns, dated 11/23/2016, revealed, Policy Statement: It is the policy of this facility to support each resident's right to voice grievances to the facility . After receiving a concern or grievance, the facility will actively seek a resolution and keep the resident appropriately appraised of its progress toward resolution .Upon receipt, the grievance or concern will be reviewed within 24 hours of receipt. The resident has the right to obtain a written decision regarding the grievance or concern within 10 working days .</p> <p>Record review of the documentation instructions on the Guidelines for Documentation of Resident Council Responses form revealed, Please review attached list of issues brought up at Resident Council and write your response in the appropriate section. Be sure to sign and date your response and give sheet to a department head who has not yet filled in his/her section. The response form should go to the administrator last before going to the social worker. Please help keep this form moving along as the responses should be returned to the council within two weeks of the above date .</p> <p>Housekeeping</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 1/4/24, revealed the resident council voiced a concern related to toilet paper. The form did not include a date or signature of the responding department and did not include a resolution.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 2/2024, revealed the resident council voiced a concern related to just pulling trash. There was no date or signature of the responding department and did not include a resolution to the concern.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 3/5/2024, revealed the resident council voiced a concern related to not cleaning. There was no date or signature of the responding department and did not include a resolution to the concern.</p> <p>Laundry</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 12/2023, revealed the resident council voiced a concern related to clothes not coming back. There was no date or signature of the responding department and did not include a resolution to the concern.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 1/4/24, revealed the resident council voiced a concern related to clothes don't come back on time. The form did not include a date or signature of the responding department and did not include a resolution.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 2/2024, revealed the resident council voiced a concern related to bringing other laundry to the wrong person. There was no date or signature of the responding department and did not include a resolution to the concern.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 3/5/2024, revealed the resident council voiced a concern related to put clothes in wrong room . clothes comes back on time but not getting the right things. There was no date or signature of the responding department and did not include a resolution to the concern.</p> <p>Dietary</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 11/2023, revealed the resident council voiced a concern related to no fried chicken no more. The form did not include a date or signature of the responding department and did not include a resolution.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 1/4/24, revealed the resident council voiced a concern related to requests for big bowl of grits and ribs. The form did not include a date or signature of the responding department and did not include a resolution.</p> <p>Record review of the Guidelines for Documentation of Resident Council Responses, dated 2/2024, revealed the resident council voiced a concern related to different food and hot dogs, hamburgers, green bean casserole. There was no date or signature of the responding department and did not include a resolution to the concern.</p> <p>Record review of the Resident Council Meeting minutes, dated 4/2/24, recorded on a notebook pad revealed Food. There was no indication that Old Business was discussed and there was no follow up from the previous month's minutes.</p> <p>On 04/02/24 at 10:00 AM, during the resident council meeting, the resident council members revealed they have complained for over 6 months about the poor flavor of the food, including complaints the meat was tough and vegetables were unseasoned. The residents said they had expressed their concerns to the Dietary Manager on several occasions. Each month they voiced concerns regarding food and the lack of flavor. They stated they never heard back from the facility with any responses for their dietary concerns and they were not pleased with the lack of follow-up.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/2/24 at 11:00 AM, with the Activities Director (AD), she confirmed the residents had complained about the food for the last six (6) months. The AD stated that she did not record the food complaints every month because she had been eating the food at the facility sometimes and she thought it tasted better. The AD confirmed that she did not complete the Old Business section of the meeting minutes and did not include information that would let the residents know how the facility was attempting to resolve their concerns. The AD explained that she reported the concerns of the resident council to the department heads and the Administrator.</p> <p>On 4/2/24 at 1:00 PM, in an interview with the Dietary Manager (DM), she confirmed the residents had complained about the food being tough and lacking flavor. The DM also said that she attended several of the resident council meetings to discuss the food concerns with the residents. The DM confirmed she received a copy of the resident council concerns monthly.</p> <p>On 04/4/24 at 1:30 PM, in an interview with the Administrator and the Director of Nursing (DON), they confirmed the residents had complained about the food for the last six months. The Administrator stated she had not attended a resident council meeting in several months, however she had talked to the residents individually in their rooms. The Administrator said she was unaware the residents had concerns regarding the food and thought the dietary issue had been resolved. The Administrator confirmed that she received a copy of the resident council concerns monthly.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>43283</p> <p>Based on observation, interviews, record review, and the facility policy review the facility failed to ensure residents' rights were honored for a clean and comfortable environment, as evidenced by, soiled privacy curtains for two (2) of 30 sampled residents. Resident #6 and Resident #27</p> <p>Findings include:</p> <p>A record review of the facility's policy Resident Rights , dated 11/23/16, revealed, . It is the policy of this facility to promote and protect the rights of residents residing in this facility. Procedure . 3. The facility will make every effort to provide resident homelike environment .</p> <p>Resident #6</p> <p>On 04/02/24 at 11:00 AM, during an observation and interview with Resident #6, the privacy curtain had long, brown streaks in several areas. Resident #6 explained that he had not paid attention to the curtains and was unable to determine how long they had been soiled.</p> <p>A record review of Admission Record revealed the facility admitted Resident #6 on 04/21/20 with current diagnoses including Hemiplegia and Hemiparesis.</p> <p>A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/28/24, revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated his cognition was moderately impaired.</p> <p>Resident #27</p> <p>During an observation and interview, on 4/2/24 at 11:15 AM, the privacy curtain for Resident #27 had several circular brown spots. Resident #27 confirmed the privacy curtain was soiled but was unsure how long it had been that way.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #27 on 3/27/23 with current diagnoses including Chronic Heart Failure.</p> <p>A record review of the Quarterly MDS with an ARD of 02/08/24 revealed Resident #27 had a BIMS score of 15, which indicated he was cognitively intact.</p> <p>On 4/4/24 at 12:55 PM, during an interview and observation with Housekeeper #2, she confirmed the privacy curtains were soiled for Resident #6 and Resident #27. She stated that she expected the housekeeping staff to check all curtains daily while cleaning resident rooms and notify the floor technician when curtains needed to be changed. She explained that she would ensure the soiled curtains were changed for these residents.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/4/24 at 12:40 PM, during an interview with the Administrator, she explained she was not aware there were soiled privacy curtains in the resident's rooms. She stated that she expected the staff to keep the facility clean and home-like for the residents.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37415</p> <p>Based on interviews, record review, and facility policy review, the facility failed to provide written notification of facility-initiated transfers to the residents or the Resident Representatives (RR) at the time of the transfer for five (5) of 28 sampled residents. Resident # 24, Resident # 75, Resident #76, Resident # 81, and Resident #126.</p> <p>Findings include:</p> <p>A review of the facility's policy, Transfer or Discharge, Emergency, dated 4/25/23, revealed, .Emergency transfers or discharges may be necessary to protect the health and/or well-being of the resident(s) .Policy Interpretation and Implementation .4. Should it become necessary or make an emergency transfer or discharge to a hospital .our facility will implement the following procedures .e. Notify the representative (sponsor) or other family member .</p> <p>Resident #24</p> <p>A record review of the Admission Record revealed the facility initially admitted Resident #24 on 4/7/2017 with diagnoses including Chronic Obstructive Pulmonary Disease.</p> <p>A record review of the Discharge MDS with an ARD of 11/11/2023 revealed Resident #24 was discharged to an acute hospital.</p> <p>A record review of the Order Audit Report revealed Resident #24 had a Physician's Order, dated 11/11/23, to Send resident to ER (emergency room) .</p> <p>A review of the medical record for Resident #24 revealed there was not a copy of a written notification of transfer provided to the resident or the RR on 5/26/23.</p> <p>Resident #75</p> <p>A record review of the Admission Record revealed the facility admitted Resident #75 on 05/28/21 with current diagnoses including Nontraumatic Acute Subdural Hemorrhage.</p> <p>A record review of the Discharge MDS with an ARD of 3/10/2024 revealed Resident #75 was discharged to an acute hospital.</p> <p>A record review of the Progress Notes, dated 03/10/2024, revealed Resident #75 was transferred to a local hospital.</p> <p>A review of the medical record for Resident #75 revealed there was not a copy of a written notification of transfer sent to the resident or the RR on 03/10/24.</p> <p>Resident # 76</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Admission Record revealed the facility initially admitted Resident #76 on 1/3/20 with current diagnoses including Cerebral Palsy, Unspecified.</p> <p>A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/03/2024 revealed Resident #76 was discharged to an acute hospital.</p> <p>A record review of the Progress Note dated 03/03/2024, revealed Resident #76 was transferred to a local hospital.</p> <p>A review of the medical record for Resident #76 revealed there was not a copy of a written notification of transfer sent to the resident or the RR on 03/03/24.</p> <p>On 4/3/24 at 3:48 PM, in a phone interview with the RR, she revealed she was contacted by phone at the time of the resident's hospitalization on [DATE], but she did not receive a written notification of the transfer.</p> <p>Resident #81</p> <p>A record review of the Admission Record revealed the facility admitted Resident #81 on 8/28/20 with diagnoses including Chronic Obstructive Pulmonary Disease.</p> <p>A record review of the Discharge MDS with an ARD of 12/21/23, revealed Resident #81 was discharged to an acute hospital.</p> <p>A record review of Progress Notes, dated 12/21/23 revealed Resident #81 was transported to a local hospital.</p> <p>A review of the medical record for Resident #81 revealed there was not a copy of a written notification of transfer provided to the resident or the RR on 12/21/23.</p> <p>Resident #126</p> <p>A record review of the Admission Record revealed the facility initially admitted Resident #126 on 03/04/2024 with current diagnoses including Aftercare following Joint Replacement Surgery.</p> <p>A record review of the Discharge MDS with an ARD of 03/26/2024 revealed Resident #126 was sent to an acute hospital.</p> <p>Record review of the Progress Notes dated 3/27/24 at 00:44 (12:44 AM), revealed Resident #126 was transported to a local hospital.</p> <p>A review of the medical record for Resident #126 revealed there was not a copy of a written notification of the hospital transfer sent to the RR on 03/26/2024.</p> <p>On 04/01/2024 at 2:18 PM, in an interview with the Social Services Director (SSD), she explained the nurse on duty contacted the resident's RR by phone at the time they were transferred to the hospital. The SSD reported when she received notice of a resident being sent to the hospital, she would contact the family by phone to answer any questions they may have.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/02/2024 at 3:00 PM, in an interview with the Business Office Manager (BOM), she stated that she mailed a notification of transfer to the families when the resident was sent to the hospital. The BOM stated she did not keep a copy of the resident's hospital discharge letter because she had a medical condition in which she was unable to walk or perform much movement.</p> <p>On 04/03/2024 at 8:17 AM, in an interview with the Administrator, she acknowledged the facility did not communicate the notification of hospital discharge to the RR in writing. The Administrator reported the lapse in written notification was due to the BOM dealing with a health condition and that it was her expectation that the facility notify the resident or the RR in writing when a resident is transferred to the hospital.</p> <p>41680</p> <p>43283</p> <p>48181</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37415</p> <p>Based on interview, record review, and facility policy review, the facility failed to provide written notification of the bed hold policy to a Resident or the Resident Representative (RR) upon transfer for five (5) of 28 sampled residents. Resident # 24, Resident #75, Resident #76, Resident # 81 and Resident # 126.</p> <p>Findings include:</p> <p>A review of the facility's policy, Bed-Holds and Returns, dated 4/25/23, revealed, Residents and/or representatives are informed (in writing) of the facility and state .bed-hold policies .</p> <p>Resident #24</p> <p>A record review of the Admission Record revealed the facility initially admitted Resident #24 on 4/7/2017 with diagnoses including Chronic Obstructive Pulmonary Disease.</p> <p>A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/11/2023 revealed Resident #24 was discharged to an acute hospital.</p> <p>A record review of the Order Audit Report revealed Resident #24 had a Physician's Order, dated 11/11/23, to Send resident to ER (emergency room) .</p> <p>A review of the medical record for Resident #24 revealed there was not a copy of a written notification of the bed hold policy sent to the RR on 5/25/24.</p> <p>Resident #75</p> <p>A record review of the Admission Record revealed the facility admitted Resident #75 on 05/28/21 with current diagnoses including Nontraumatic Acute Subdural Hemorrhage.</p> <p>A record review of the Discharge MDS with an ARD of 3/10/2024 revealed Resident #75 was discharged to an acute hospital.</p> <p>A record review of the Progress Notes, dated 03/10/2024, revealed Resident #75 was transferred to a local hospital.</p> <p>A review of the medical for Resident #75 revealed there was not a copy of a written notification of the bed hold policy sent to the RR on 3/10/24.</p> <p>Resident # 76</p> <p>A record review of the Admission Record revealed the facility initially admitted Resident #76 on 1/3/20 with current diagnoses including Cerebral Palsy, Unspecified.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>43283</p> <p>Based on record review and staff interview the facility failed to ensure a Preadmission Screening (PAS) received from the hospital was reviewed and accurate and a Preadmission Screening and Resident Review (PASARR) was initiated for a resident with a major mental illness for one (1) of four (4) residents reviewed for PASARR. (Resident #17).</p> <p>Findings include:</p> <p>Record review of the facility's policy, Physician Certification for Nursing Facility AND MI/MR (Mental Illness/Mental Retardation) Screening, revised of 9/15/14, revealed, .POLICY The Admission Coordinator or designee will obtain a current .PAS (Pre-Admission Screen) on all Medicare Part A admissions .</p> <p>Record review of the Pre-Admission Screening (PAS) Application for Long Term Care, dated 12/26/23, and completed by acute care hospital staff prior to discharge, documentation revealed .Person has a diagnosis of a major mental illness . The response was circled No.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #17 on 12/28/23 with diagnoses that included Bipolar Disorder with an onset date of 12/28/23.</p> <p>On 04/02/24 at 11:30 AM, during an interview with the Administrator, she explained the Business Office Manager (BOM) was responsible for ensuring a PAS was completed for residents and she expected the PAS to be reviewed for accuracy.</p> <p>On 04/02/24 at 12:00 PM, during an interview with the BOM, she explained the PAS screening for Resident #17 was completed by the hospital and she did not review it for accuracy when he was admitted to the facility. She confirmed it was completed on 12/26/23 and was incorrect. She explained it did not accurately reflect that Resident #17 had a diagnosis of Bipolar Disorder, which was a major mental illness.</p>		

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NAME OF PROVIDER OR SUPPLIER The Pillars of Biloxi		STREET ADDRESS, CITY, STATE, ZIP CODE 2279 Atkinson Road Biloxi, MS 39531	
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43283</p> <p>Based on observation, interviews, record review, and the facility policy review, the facility failed to implement a comprehensive care plan intervention related to a securing device for indwelling catheter tubing for one (1) of 30 sampled residents. Resident #53</p> <p>Findings Include:</p> <p>A record review of the facility's policy Care Plans, Comprehensive Person-Centered dated 10/2022, revealed . A comprehensive, person-centered care plan .is developed and implemented for each resident. Policy Interpretation and Implementation . 7. The comprehensive, person-centered care plan . b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>Record review of the comprehensive Care Plan, undated, revealed Focus I am at risk for infection r/t (related to) I have an indwelling catheter due to Neurogenic bladder .Intervention . Catheter: Check for foley catheter strap .q (every) shift .Check urinary catheter leg strap every shift and replace as needed .</p> <p>During an interview on 4/02/24 at 10:30 AM, Resident #53 reported that he had an indwelling catheter and did not have a leg strap to secure the tubing.</p> <p>At 9:05 AM on 04/03/24, during an interview and observation with Certified Nurse Aide (CNA) #3, Resident #53 did not have a device in place to secure the catheter tubing. CNA #3 confirmed the resident was not wearing a leg strap.</p> <p>At 3:15 PM on 04/03/24, during an observation and interview with Registered Nurse (RN) #5, she confirmed Resident #53 was not wearing a device to secure the catheter tubing.</p> <p>On 04/04/24 at 12:30 PM, during an interview with Director of Nursing reported that all residents with a catheter should have a leg strap in place and should follow the care plan for providing resident care.</p> <p>On 04/04/24 at 12:45 PM, during an interview with the Care Plan Nurse/LPN #4, she explained the purpose of the care plan was to provide guidance for facility staff to care for the residents. She stated that she expected the facility staff to follow the care plan and always implement interventions for care.</p> <p>Record review of the Order Summary Report revealed Resident #53 had a Physician's Order, dated 1/17/24, for Check urinary catheter leg strap every shift and replace as needed .</p> <p>A record review of the Admission Record revealed the facility admitted Resident #53 on 9/30/21 with current diagnoses including Neuromuscular Dysfunction of Bladder.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/24, revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated his cognition was moderately impaired.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>43283</p> <p>Based on observation, interviews, record review, and facility policy review the facility failed to provide Activities of Daily Living (ADL) care related to showers and baths for residents who require assistance for two (2) of three (3) residents reviewed for ADL care. Resident #53 and Resident #74</p> <p>Findings include:</p> <p>A record review of the facility's policy Bath, Shower/Tub dated 8/25/14, revealed . The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observes the condition of the resident's skin . Reporting 1. Notify the supervisor if the resident refuses the shower/tub bath .</p> <p>Resident #53</p> <p>On 04/01/24 at 11:18 AM, in an observation, Resident #53 was asleep in bed. There was a strong odor noted in the room.</p> <p>On 04/03/24 at 09:05 AM, during an interview and observation with Certified Nurse Aide (CNA) #3, there was a strong odor of feces in Resident #53's room. CNA #3 removed Resident #53's brief and there was a strong body odor and there were dried feces noted to the sacrum and rectal area. The resident was wearing a white tee shirt and pajama pants.</p> <p>On 04/03/24 at 02:45 PM, during an interview with CNA #3, she explained Resident #53 did not go to shower today and she had given him a bed bath. She reported that he did not refuse a shower, but she had chosen to give him a bed bath.</p> <p>At 02:55 PM on 04/03/24, during an interview and observation, Resident #53 was lying in bed and was wearing a white tee shirt and the same pajama pants from the observation at 9:05 AM. Resident #53 explained that he did not get a shower today and commented that maybe the CNA washed him off a little, but he did not receive a complete bath. He reported that it had been a long time since he had gotten a shower and the CNAs have never asked him if he wanted to get a shower.</p> <p>At 03:05 PM on 04/03/24, during an interview with Licensed Practical Nurse (LPN) #6, he explained he did not follow up with residents or the CNAs to ensure resident's get a bath or shower. He stated he was so busy during the day doing his job and he expected the CNAs to do their job. He confirmed that he had not been notified that Resident #53 had refused showers or baths.</p> <p>A record review of the Bathing: Self Performance sheet revealed Resident #53 received two (2) showers or baths in the past 30 days, which occurred on 03/16/24 and 03/25/24.</p> <p>A record review of the Documentation Survey Report for March 2024 and April 2024 revealed Resident #53 resident received one (1) documented shower on 03/16/24.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Record review of the Admission Record revealed the facility initially admitted Resident #53 on 4/26/18 with current diagnoses including Alzheimer's Disease and Need for Assistance with Personal Care.</p> <p>A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/24 revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated his cognition was moderately impaired.</p> <p>Resident #74</p> <p>On 04/01/24 at 10:34 AM, in an observation, Resident #74 was lying in bed and was wearing a gown. The room had a strong urine odor.</p> <p>On 04/01/24 at 03:42 PM, during a phone interview with the family of Resident #74, the family member complained that the resident always had a urine odor, was dirty, and appeared as if no one washed his face.</p> <p>At 1:55 PM on 04/02/24, during an interview with CNA #4, she explained that Resident #74 did not like to get showers and that she gave him bed baths because he refused a shower.</p> <p>On 04/03/24 at 9:35 AM, during an interview with Social Services #3, she explained that Resident #74's family attended a care plan meeting in March and had complaints regarding the resident not receiving showers. The Director of Nursing (DON) explained to the family they could not force the resident to go to the shower and they were unaware that the family was still dissatisfied.</p> <p>At 9:50 AM on 04/03/24, during an interview and observation with CNA #3, she confirmed Resident #74 was dependent upon staff for bathing and showers. CNA #3 cleaned the resident's groin area with a white washcloth. A moderate amount of brown and black discolored grime was noted on the washcloth. CNA #3 stated that it was not feces, but the resident was dirty. CNA #3 explained Resident #74 should receive showers on Tuesday, Thursday, and Saturday on the day shift, but he did not like to go to the shower. CNA #3 confirmed Resident #74 received bed baths and that he should have gotten a bed bath yesterday (4/2/24) and would receive one tomorrow (4/4/24).</p> <p>A record review of the Bathing: Self Performance sheet revealed documentation that Resident #74 received five (5) showers or baths in the past 30 days with total dependence of staff.</p> <p>A record review of the Documentation Survey Report for March 2024 and April 2024 bathing revealed Resident #74 received one (1) shower on 03/17/24 and had two (2) documented bed baths in March 2024 and one (1) documented bed bath in April 2024.</p> <p>Record review of the facility's Daily Bath Schedule All Units revealed .Baths must be completed daily per the schedule . Notify nurse of any refusals immediately .</p> <p>A record review of the Admission Record revealed the facility initially admitted Resident #74 on 4/28/20 with current diagnoses including Hemiplegia and Cerebral Infarction.</p> <p>Record review of the Comprehensive MDS with an ARD of 3/16/24 revealed Resident #74 had a BIMS score of 7, which indicated his cognition was severely impaired.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/03/24 at 9:30 AM, during an interview with LPN #7, she explained residents receive showers on the day shift for residents on the A side of the room for even numbered rooms on Monday, Wednesday, and Friday (MWF) and for odd numbered rooms on Tuesday, Thursday, and Saturday (TTHS). She further explained that the evening shift provided showers for the B side of the room using the same rotation. She confirmed that she did not check behind the CNAs to ensure residents were given showers.</p> <p>On 4/03/24 at 3:00 PM, during an interview with LPN #5, she explained Resident #53 and #74 received showers according to the schedule at the nurse's station. She reported that if a resident refused a shower, the CNAs were to notify the nurse and the nurse would encourage the resident to take a shower. If the resident continued to refuse, the Resident Representative (RR) would be notified.</p> <p>On 04/04/24 at 12:30 PM, during an interview with the Director of Nurses (DON) and the Administrator, both explained they expected staff to provide ADL care to the residents. The DON explained she was aware Resident #74's sister (RR) had complained about resident not getting showers and having a body odor, but he refused to go to the shower, and they could not force him to go. She told the sister she would try to convince Resident #74 herself when he refused showers but confirmed she was not aware of the missed documentation or showers and bed baths not given. She stated the staff needed to be educated and she was unsure if staff had notified the RR that Resident #74 had missed showers. The DON was unaware Resident #53 was not given showers, and there was missed documentation indicating he did not receive his showers as was scheduled. The Administrator explained that staff cannot force residents to go to the shower, but she expected the staff to make several attempts to encourage the resident and to notify the RR that the resident has rejected care. The Administrator reported she expected all staff to do their job and to provide quality care to all residents at all times.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43283</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure indwelling catheter tubing was secured to prevent complications for one (1) of 10 residents reviewed for indwelling catheters. Resident #53</p> <p>Findings include:</p> <p>A record review of the facility's policy Catheter Care, Urinary dated 8/25/14, revealed, .The purpose of this procedure is to prevent catheter-associated urinary tract infections . Changing Catheters 1. Ensure that the catheter remains secured with a leg strap to reduce friction and movement . catheter tubing should be strapped to the resident's inner thigh .</p> <p>A record review of the Admission Record revealed the facility initially admitted Resident #53 on 4/26/18 with current diagnoses including Neuromuscular Dysfunction of Bladder.</p> <p>A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/24, revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated his cognition was moderately impaired.</p> <p>Record review of the Order Summary Report with active orders as of 4/3/24 revealed Resident #53 had a Physician's Order, dated 1/17/24, to Check urinary catheter leg strap every shift and replace as needed .</p> <p>On 04/02/24 at 10:30 AM, during an interview and observation, Resident #53, had an indwelling catheter drainage bag attached to his wheelchair. He was unsure how long he had the catheter and reported that he did not have a leg strap to secure the catheter tubing.</p> <p>At 9:05 AM on 04/03/24, during an interview and observation of catheter care with Certified Nurse Aide (CNA) #3, Resident #53 had a suprapubic indwelling catheter but did not have a leg strap to secure the tubing. CNA #3 confirmed that Resident #53 was not wearing a leg strap to secure the catheter tubing and commented that he had not known him to ever wear one.</p> <p>At 3:15 PM on 04/03/24, during an observation and interview with Registered Nurse (RN) #5, she confirmed Resident #53 did not have a leg strap to secure the catheter tubing and stated that she would get one for the resident. She explained Resident #53 should wear the leg strap to secure the tubing to prevent the tubing from pulling or becoming dislodged.</p> <p>On 04/04/24 at 12:30 PM, during an interview with the Administrator and the Director of Nursing (DON), the DON reported that all residents with an indwelling catheter should have a leg strap to secure the tubing. The Administrator reported that she expected the staff to always provide quality care to the residents.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>41680</p> <p>Based on observation, record review, and facility policy review, the facility failed to post the Daily Nurse Staffing for three (3) of four (4) days of survey.</p> <p>Findings include:</p> <p>Review of the facility's policy, Staffing reviewed 10/2022, revealed, .Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident's care plans and the facility assessment .</p> <p>On 4/01/24 at 10:05 AM, an observation revealed daily staffing numbers were dated 3/31/24. There was no staffing posted that reflected the staff for 4/1/24.</p> <p>On 04/02/24 at 08:30 AM, an observation revealed the daily staffing numbers were dated 03/31/24.</p> <p>On 04/03/24 at 08:15 AM, an observation revealed the daily staffing numbers were dated 04/02/24. There were no daily staffing numbers posted for 4/3/24.</p> <p>On 04/03/24 at 8:16 AM during an interview with Director of Nursing (DON), she explained Registered Nurse #1 is responsible for posting daily staffing. The DON confirmed the posted staffing information was dated 04/02/24 and that it should reflect the current date and be updated at the end of every shift to reflect the actual staffing numbers.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47873</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to provide an opened date for a multi-use medication vial and failed to ensure medications, food, and biohazard substances were not stored together for two (2) of four (4) medication rooms.</p> <p>Findings include:</p> <p>Record review of the facility's policy Storage of Drugs and Biologicals, dated [DATE], revealed, Policy Statement: It is the policy of this facility that all drugs and biologicals be properly stored .</p> <p>During an interview with Registered Nurse (RN) #2, on [DATE] at 11:20 AM, she stated nurses were responsible for putting the date on vials when opening multi-dose vials, specifically the nurse that first opened them. She explained that nurses were responsible for checking the dates on all medications on the carts and medication storage rooms and for discarding any expired or undated, opened medications every shift.</p> <p>An observation and interview on [DATE] at 11:30 AM, with Licensed Practical Nurse (LPN) #2 in the Central Unit medication room, revealed a refrigerator marked as Biohazard. Opening the refrigerator revealed a container of food, Med Pass (type of Nutritional Supplement), and Grape Juice inside. RN #3 entered the medication room and had vials of blood inside a biohazard plastic bag. RN #3 opened the refrigerator and placed the vials of blood inside the refrigerator with the food items. When asked, RN #3 stated that all nurses were responsible for ensuring biologicals were stored properly. She re-opened the refrigerator, removed, and discarded the food products. RN #3 confirmed that it was an unsafe practice to store food products in a designated biohazard refrigerator because of the risk for contamination.</p> <p>In an interview and observation with the Director of Nursing (DON), on [DATE] at 10:30, in the Rehab medication room, there was a vial of Acetylcysteine 20%. The vial had been opened and there was no date indicating when the vial was opened. There was no resident's name on the vial and the DON disposed of it. The DON revealed that all opened multiuse vials should be labeled with the date it was opened. The DON also confirmed that food products should not be stored in a biohazard refrigerator because it was an unsafe practice due to contamination.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48181</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated with a use-by-date, food items without an identifying label, and produce that was overly ripe and exposed for one (1) of two (2) kitchen observations.</p> <p>Findings include:</p> <p>A review of the facility's policy, Food Storage, revised [DATE], revealed, Policy .Any expired or outdated food products should be discarded .Procedure .All products should be inspected for safety and quality and dated upon receipt, when open, and when prepared .Any expired or outdated food products should be discarded . Fresh Fruits .1. Fresh fruit should be checked and sorted for ripeness .</p> <p>On [DATE] at 07:44 AM, an observation of the kitchen and interview with the Certified Dietary Manager (CDM), revealed the following:</p> <p>Refrigerator #2 had one (1) portioned glass of orange juice, undated; One (1) portioned glass of apple juice, undated; Three (3) trays containing 24 portioned glasses each of what the CDM identified as sweet tea, with no label or date; One (1) opened 46-ounce carton of thickened lemon-flavored water with no opened date; one (1) opened 46-ounce carton of thickened lemon-flavored water with no opened date; one (1) opened 46-ounce carton of thickened lemon-flavored water with no opened date, and a manufacturer's use by date of [DATE]. The CDM acknowledged the unlabeled, undated, and expired foods and stated whoever opened the food items were responsible for labeling them with the date they were opened. An observation of the freezer revealed three (3) frozen pie crusts in tins, with no use-by date and no manufactures date. An observation of the pantry revealed five (5) bananas in which the peelings were discolored black, not intact, and exposed the inside of the bananas. The CDM acknowledged the bananas were overly ripe. The CDM reported it was her responsibility to inventory foods for quality and this was typically done twice weekly when the food truck made deliveries to the facility. She stated that she held in-service training's monthly with the kitchen staff regarding food safety.</p> <p>On [DATE] at 08:20 AM, in an interview with the Dietary Aide Supervisor (DAS) he reported it was the responsibility of the CDM to inventory foods for expiration dates. The DAS confirmed that the person who opened a food item was responsible for putting an open date on that item. The DAS also confirmed the kitchen dietary staff receive in-service training monthly.</p> <p>On [DATE] at 2:30 PM, in an interview with the Administrator, she acknowledged there was a lapse in the protocol by the kitchen staff to monitor for unlabeled, undated, and expired food items. The Administrator reported she expected the staff to make a daily inventory of the kitchen foods to assure food quality standards were safe for the residents.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>37415</p> <p>Based on record review and interview the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to ensure the program was sustained during transitions in leadership and failed to maintain implemented procedures and monitor the interventions the committee put into place in March 2022. This was for two (2) recited deficiencies originally cited in March 2022 on an annual recertification survey. The deficiencies were in the area of residents' rights/environment and investigations. The facility's continued failure during two surveys shows a pattern of the facility's inability to sustain an effective QAPI Committee for two (2) of 16 deficient practice citations.</p> <p>Findings Include:</p> <p>Record review of the facility's policy, Quality Assessment and Performance Improvement, undated, revealed, .The facility will implement and maintain a Quality Assessment and Performance Improvement program. Overview: The Quality Assurance and Performance Improvement (QAPI) committee will implement a process that is ongoing .The primary purpose of the committee is to identify and analyze actual or potential quality issues, develop and implement appropriate plans to improve performance, to address identified quality issues, and monitor the effectiveness of implemented changes .</p> <p>F584: Based on observation, interviews, record review, and the facility policy review the facility failed to ensure residents' rights for a clean and comfortable environment were honored regarding soiled privacy curtains for two (2) of 30 sampled residents. Resident #6 and Resident #27</p> <p>F610: Based on interviews, record review, and facility policy review, the facility failed to complete a thorough investigation regarding an injury of unknown origin for one (1) of six (6) residents reviewed for accidents. Resident #242</p> <p>Record review of the Statement of Deficiencies and Plan of Correction (Form 2567) from the previous annual survey in March 2022, revealed F584 was cited due to shower rooms and resident wheelchairs in disrepair and F610 was cited regarding an investigation of misappropriation.</p> <p>During an interview with the facility's Administrator on 4/4/24 at 2:00 PM, she stated she was not working for the company at the time of the recertification survey that occurred in March 2022. The Administrator confirmed the interdisciplinary team met monthly for a QAPI meeting and discussed the high-risk issues in the facility and provided interventions. She confirmed she had reviewed Form 2567 and was aware of the facility's previous citations. The Administrator stated the QAPI committee had not discussed the soiled privacy curtains because she was unaware there was an issue. She also stated the QAPI committee did not discuss the pelvic fracture investigation because she felt she completed a thorough investigation and had ruled out neglect and abuse during the investigation.</p>		

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NAME OF PROVIDER OR SUPPLIER The Pillars of Biloxi		STREET ADDRESS, CITY, STATE, ZIP CODE 2279 Atkinson Road Biloxi, MS 39531	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43283</p> <p>Based on observation, interviews, record review, and facility policy review the facility failed to handle dinnerware in a manner to prevent the possible spread of infection for one (1) of one (1) resident observed for contact isolation. Resident #8</p> <p>Findings include:</p> <p>A record review the facility's policy Contact Precautions, dated 6/6/2013, revealed Purpose: It is the intent of this facility to use contact precautions in addition to standard precautions for residents known or suspected to have serious illnesses easily transmitted by direct resident contact or by contact with items in the resident's environment .</p> <p>On 04/01/24 at 09:45 AM, during an observation, Resident #8's had signage on the door to the room indicating Contact Isolation.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #8 on 3/4/24 and was initially admitted on [DATE]. Current diagnoses include Extended Spectrum Beta Lactamase (ESBL) Resistance, Proteus (Mirabilis) (Morganii), Pseudomonas (Aeruginosa) (Mallei) (Pseudomallei), and Streptococcus.</p> <p>A record review of the Order Summary Report with active orders as of 4/4/24, revealed Resident #8 had a Physician's Order, dated, 3/4/24, for Contact precautions for ESBL urine every shift for ESBL until 04/12/24.</p> <p>At 12:20 PM on 04/01/24, during an observation and interview, a lunch meal tray was delivered to Resident #8 and there was washable dinnerware and silverware on his tray. Licensed Practical Nurse (LPN) #6 explained that Resident#8 recently returned from the hospital and was on contact isolation. He stated he had not noticed until now that the resident's meal tray was not disposable.</p> <p>On 04/01/24 at 01:00 PM, during an interview and observation, Certified Nurse Aide (CNA) #6 came out of Resident #8's room with his meal tray and placed it on the tray cart with all other residents' trays from the hall. The cart was transported back to the kitchen. There was no distinction made to indicate to other staff the tray was retrieved from an isolation room. CNA #6 confirmed the meal tray for Resident #6 contained washable dinnerware and silverware.</p> <p>04/01/24 at 1:10 PM, during an interview with Dietary Manager #1, she explained she was not aware Resident #8 was on contact isolation. She stated the admission nurse sends a ticket to the kitchen as communication to make the kitchen staff aware that a resident was on contact isolation. When a resident was on isolation, all meals were delivered with disposable containers and plastic utensils to prevent the trays from being placed with the other trays and coming back to the kitchen.</p> <p>On 04/01/24 at 02:31 PM, during an interview with Resident #8, he confirmed he had received all his meals with regular washable dinnerware and silverware.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/25/24 revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.</p> <p>On 04/03/24 at 10:10 AM, during an interview with the Infection Preventionist (IP), she reported she was unsure what happened with Resident#8's contact isolation precautions regarding meals or how the ball got dropped. The IP explained that when a resident was on contact isolation, the facility used disposable dinnerware and utensils. She stated she expected the kitchen staff to continue with contact isolation until they were told differently.</p> <p>On 04/03/24 at 11:00 AM, during an interview with the Admission Nurse RN #4, she explained when a resident was newly admitted and had orders for isolation precautions, she completed a tray card for the resident and gave the information to the dietary staff. She did not remember if she notified the dietary department regarding contact isolation for Resident #8.</p> <p>At 12:25 PM on 04/04/24, during an interview with the Director of Nursing (DON), she explained when a resident had contact isolation, whatever is taken into the room should remain in the room and not be taken out of the room. The DON stated that the meals for Resident #8 should have been served with disposable dinnerware and utensils. The utensils and trays should not have been returned to the kitchen to be handled and washed with the other items. She explained these procedures are completed to help prevent the spread of infection, and she expected the staff to follow the policy and procedures to prevent the spread of infection.</p> <p>At 12:30 PM on 04/24/24, during an interview with the Administrator, she explained stated that she expected the staff to follow policy and procedures to prevent the spread of infection.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>43283</p> <p>47873</p> <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on interview, record review, and facility policy review the facility failed to provide influenza and pneumococcal vaccines to residents who requested the vaccine for four (4) of 30 sampled residents. Resident #17, Resident #48, Resident #31 and Resident #137.</p> <p>Findings include:</p> <p>Record review of the facility's Policy, Influenza Vaccine, dated 8/2023 revealed, .All residents .who have no medical contraindications to the vaccine will be offered influenza vaccine annually .</p> <p>Record review of the facility's policy, Pneumococcal Vaccine, dated 8/2023, revealed, Policy Statement: All residents are offered pneumococcal vaccines to aid in preventing pneumonia and pneumococcal infections . Policy Interpretation and Implementation: 1. Prior to or upon admission, residents are assessed for eligibility to receive pneumococcal vaccines series, and when indicated, are offered vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 2. Assessments of pneumococcal vaccine status are conducted within five (5) working days of the resident's admission if not conducted prior to admission .</p> <p>Resident #17:</p> <p>Record review of the Admission Record revealed the facility admitted Resident #17 on 12/28/2023 with current diagnoses including Bipolar Disorder.</p> <p>Record review of the Pneumococcal Immunization Consent form, signed 12/28/23, revealed Resident #17 had a signed consent to receive the vaccine.</p> <p>Record review of the Order Summary Report with active orders as of 4/4/24, for Resident #17 revealed an order dated 12/28/23 Pneumococcal vaccine</p> <p>Record review of the medical record revealed no documentation that Resident #17 received the pneumococcal immunization.</p> <p>Resident #31</p> <p>Record review the Admission Record revealed the facility admitted Resident #31 on 12/1/23 with current diagnoses including Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Record review of resident of the Pneumococcal Immunization Consent, dated 12/1/23, revealed Resident #31 had a signed consent to receive the vaccine.</p> <p>Record review of the Order Summary Report for Resident #31 revealed a Physician's Order, dated 12/1/23, for the Pneumococcal vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the medical record revealed no documentation that Resident #31 received the pneumococcal immunization.</p> <p>Resident #48:</p> <p>Record review of the Admission Record revealed the facility admitted Resident #48 on 12/18/23 with current diagnoses including Hypertension.</p> <p>Record review of the Influenza Immunization Consent form, undated, revealed Resident #48 had a signed consent to receive the vaccine.</p> <p>Record review of the Order Summary Report with active orders as of 4/4/24, for Resident #48 revealed an order dated 12/18/23 Pneumococcal vaccine</p> <p>Record review of the medical record revealed no documentation that Resident #48 received the influenza immunization.</p> <p>Resident #137</p> <p>Record review of the Admission Record revealed the facility admitted Resident #137 on 3/11/24 with current diagnoses Osteomyelitis.</p> <p>Record review of the Pneumococcal Immunization Consent, dated 3/11/24, revealed Resident #137 had a signed consent to receive the vaccine.</p> <p>Record review of the Order Summary Report with active orders as of 4/4/24, for Resident #137 revealed a Physician's Order, dated 3/11/24, for the Pneumococcal vaccine.</p> <p>Record review of the medical record revealed no documentation that Resident #137 received the pneumococcal immunization.</p> <p>On 04/03/24 at 01:35 PM, during an interview with the Administrator, she explained the Assistant Director of Nursing (ADON)/Infection Preventionist (IP) was responsible for keeping up with the immunizations of the residents.</p> <p>On 04/04/24 at 01:00 PM, during an interview with the Director of Nursing (DON) and the ADON/IP nurse, they both explained they did not know the immunizations were not up to date until the survey team brought it to their attention. The IP explained the admission clerk was responsible for giving consents to the admission nurse to make management aware vaccines had been requested. She confirmed the influenza and pneumonia vaccines were just missed somehow and that there was no date on the consent form for Resident #48, but she assumed it was the date of admission. The DON confirmed Resident #17, Resident #48, Resident #31, and Resident #137 all had signed consents for vaccines and no vaccines were given. She confirmed the facility provided influenza vaccines from October through March 31st and pneumonia vaccines should be given within a timely manner and not months after they are requested. She stated she expected vaccines to be given as requested by the residents.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37415</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide effective pest control related to roaches for two (2) of four (4) days of survey.</p> <p>Findings Include:</p> <p>Review of the facility's policy, Pest Control, reviewed 04/10/23, revealed, Policy Statement Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation. 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents .</p> <p>On 4/1/24 at 12:10 PM, a large roach was observed moving under the door from the kitchenette to the dayroom where the residents were eating lunch. The roach continued down the hall and entered a resident's room.</p> <p>During an interview on 4/1/24 at 12:20 PM, with License Practical Nurse (LPN) #2, she confirmed the roach came from the kitchenette to the dayroom, and into a resident's room. LPN #2 said she had seen roaches at times inside the building but had not seen them lately. LPN #2 said the pest control service was in the facility a couple of weeks ago.</p> <p>During an interview on 4/1/24 at 12:30 PM, with Certified Nursing Aide (CNA) #2, she stated she had seen roaches several times and explained that it had gotten better but they are still in the facility. CNA #2 said she has seen pest control services in the building. She doesn't know how the roaches were getting into the building.</p> <p>During the resident council meeting 4/2/24 at 10:00 AM, the residents complained about roaches in the building. The residents said the roaches are large and some of them are afraid of them because of their size. The resident said pest control came and sprayed but it did not seem to help.</p> <p>During an observation and interview on 04/2/24 at 01:45 PM, a large roach moved across the dining room floor. Resident #128 was in the dining room and stated they see roaches sometimes because they come in from the outside.</p> <p>During an interview on 4/3/24 at 3:00 PM, with the facility's pest control vendor's technician, he confirmed he had seen roaches in the building on 3/21/24, in several residents' rooms. He explained that he had changed the pesticide to a stronger pesticide to help with the roaches and stated the roaches must be coming from outside the building. He confirmed the facility had not advised him that there were issues with roaches inside the building and he explained that they were scheduled to return to the facility on [DATE] for their regular monthly visit and could perform a blow out outside of the building if the facility was interested. He reported that a blow out outside of the building would help keep roaches from coming inside the building.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) and Administrator on 4/4/24 at 2:00 PM, the Administrator stated that she had not seen roaches and advised a pest control service sprayed the facility monthly. The Administrator confirmed she had not reported an issue with roaches to the pest control service.</p>		