STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255150	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Care Center of Mendenh	925 West Mangum Avenue Mendenhall, MS 39114

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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680 Based on observations, interviews, record reviews and facility policy review the facility failed to ensure resident rights were honored as evidenced by Resident #44 was not allowed to get out of bed as requested and residents not receiving preferred snacks at bedtime for five (5) of 31 sampled residents reviewed for choices. Resident #26, Resident #33, Resident #40, and Resident #41 and Resident #44 Findings Include: Resident #44 A record review of the facility's Resident Rights with a revision date of 6/1/23 revealed .4. Respect and dignity .c. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences . On 02/03/25 at 11:37 AM, in an interview and observation Resident #44 in bed. She stated she wants to get up, but they (facility staff) won't get me up. Resident #44 stated she wants to go activities, but they won't get her up out of bed. She stated she is in bed all the time. On 02/03/25 at 02:25 PM, during an observation and interview revealed Resident #44 was in bed watching TV. She stated the facility staff does not ask her if she wants to get up. She stated she asked them several times a week to get up and they do not do it. Resident #44 stated she knew they were playing Bingo. She stated it was listed on the calendar but did not offer to get her up for Bingo. She stated when she asks them to get her, they say okay and never come back to get her up. She stated it has happened a lot of times. On 02/04/25 at 10:25 AM, during an observation and interview revealed Resident # 44 was in bed. She stated they did not ask her if she wanted to get up. She stated they do not ask her daily if she wants to get up. Resident #44 looked away when talking about wanting to get up out of bed. On 02/05/25 at 01:30 PM, in an interview with Resident #44 she stated they got her up this morning and put her back to bed after lunch. She stated she wants to get up daily but does not like to stay up all day. She stated she did not ask them to get her up today they did it on their own. She stated they got her up to weigh her this morning. (continued on next page)

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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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/5/25 at 2:15 PM, in an interview with the Director of Nurses (DON), Certified Nursing Assistants are supposed to be daily asking residents after breakfast if they want to get up. She stated they got Residents #44 up today for weights. All residents are gotten up on weight day. She stated she expects staff to give care with residents' rights in mind. A record review of Resident #44 Admission Record revealed an admitted [DATE] with diagnoses that included Cerebral Infarction and Restless Leg Syndrome. A record review of Resident #44's Minimum Data Set (MDS) with Assessment Reference Date (ARD) 12/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating the Resident #44 is cognitively intact. Section GG revealed Resident #44 is dependent for chair/bed-to-chair transfer. Resident Council On 02/04/25 at 2:45 PM, a Resident Council meeting was held, attended by 14 residents. The residents expressed several concerns, including not receiving sandwiches at night. Residents who specifically voiced concerns about not receiving sandwiches included Resident #26, Resident #33, Resident #40, and Resident #41. On 02/05/25 at 9:00 AM, during an interview, the Activities Director (AD) stated that residents do not receive sandwiches at night as snacks. She stated that, as far as she knew, they were given other snacks. On 02/05/25 at 9:23 AM, during an interview, the Director of Nursing (DON) stated that she was aware that residents were not receiving sandwiches at night. On 02/05/25 at 9:50 AM, during an interview, the Dietary Manager (DM) stated that dietary staff leave around 7:15-7:30 PM daily. She explained that she stopped preparing sandwiches because she was receiving 15-20 sandwiches back daily from the nurses' station. She stated that she instead sends a bulk of snacks to the nurses' station. She further explained that once the kitchen is closed, residents cannot receive sandwiches. She stated that she made the decision to stop sending sandwiches on her own and did not consult the Nursing Home Administrator (NHA) or the Director of Nursing (DON) about it. She confirmed that she stopped providing sandwiches several weeks ago. On 02/06/25 at 11:20 AM, during an interview, the NHA stated that the DM informed him the previous day that she had decided to discontinue providing sandwiches to residents at night. He stated that this decision should have been brought to his attention beforehand, as it was his responsibility to make that call. He further stated that the discontinuation of sandwiches should not have happened. A record review of Resident #26's Admission Record revealed an admitted [DATE] with diagnoses including Major Depressive Disorder and Essential Hypertension. A record review of Resident #26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/09/24 revealed a Brief Interview of Mental Status (BIMS) score of 9, indicating mild cognitive impairment. A record review of Resident #33's Admission Record revealed an admitted [DATE] with diagnoses including Bipolar Disorder and Depression. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #33's MDS with an ARD of 09/09/21 revealed a BIMS score of 15, indicating cognitive intactness. A record review of Resident #40's Admission Record revealed an admitted [DATE] with diagnoses including Type 2 Diabetes Mellitus and Essential Hypertension. A record review of Resident #40's MDS with an ARD of 11/23/24 revealed a BIMS score of 15, indicating cognitive intactness. A record review of Resident #41's Admission Record revealed an admitted [DATE] with diagnoses including Type 2 Diabetes Mellitus and Essential Hypertension. A record review of Resident #41's MDS with an ARD of 01/10/25 revealed BIMS score of 15, indicating cognitive intactness.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680 Based on observations, interviews, facility policy review, and record review, the facility failed to develop and implement a comprehensive, resident-centered care plan for two (2) of five (5) residents observed for care (Resident #13 and Resident #31). Findings include: Resident #13 Record review of the facility policy Comprehensive Care Plans, revised on 08/24/22, revealed It is the policy of this facility to develop a comprehensive, person-centered care plan for each resident Record review of the facility policy Gastrostomy/Jejunostomy Site Care, revised 08/02/22, revealed . Preparation . 2. Review the resident's care plan and provide for any special needs of the resident . Record review of the Order Summary Report with active orders as of 2/5/2025 revealed an order dated 4/12/24 for Enhanced Barrier Precautions related to presence of PEG tube, use of gloves and gown as appropriate when providing care. A record review of Resident #13's care plan revealed Enhanced Barrier Precautions (EBP) related to the presence of a percutaneous endoscopic gastrostomy (PEG) tube, requiring the use of gloves and a gown as appropriate when providing care was not listed on the care plan. On 02/06/25 at 11:30 AM, during an interview, the Director of Nursing (DON) confirmed that Enhanced Barrier Precautions was not listed in the resident's care plan. She stated that Licensed Practical Nurse (LPN) #3 is responsible for updating and writing out residents' care plans, but the interdisciplinary team meets nearly daily during stand-up meetings to discuss changes in residents' plans of care. She further stated that it is her expectation that staff follow care plans accordingly. On 02/06/25 at 12:03 PM, during an interview, LPN #3/Care Plan Nurse stated that care plans are written to guide nurses, Certified Nursing Assistants (CNAs), and other staff on how to care for the resident, including orders, preferences, and concerns. She stated that all staff should use the care plan when providing care, as failure to follow a comprehensive and updated care plan could result in inadequate care. A record review of Resident #13 Admission Record revealed he was admitted on [DATE] with a diagnoses that included Encounter for Attention to Gastrostomy. A record review of the Minimum Data Set (MDS) dated [DATE], Section K, revealed that Resident #13 had a Percutaneous Endoscopic Gastrostomy (PEG) tube. Resident #31 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #31's care plan revealed Focus: Enhanced Barrier Precautions related to presence of foley catheter .Interventions/Task . Personal Protective Equipment (PPE): Gowns and gloves, to be worn when providing direct care as appropriate . with a date initiated of 9/11/2024. On 02/04/25 at 2:08 PM, an observation and interview of Foley catheter care for Resident #31 by CNA #1 revealed upon entrance to Resident 31's room there was EBP signage posted. She did not put on a gown prior to providing care. CNA #1 stated that she had received training on EBP and acknowledged that she should have donned (put on) a gown before beginning care. She stated that the gown is used to protect both staff and residents and admitted that she did not follow the care plan. On 02/06/25 at 11:30 AM, during an interview, the DON confirmed that Enhanced Barrier Precautions were listed in the resident's care plan. She reiterated her expectation that staff follow care plans. On 02/06/25 at 12:03 PM, during an interview, LPN#3/Care Plan Nurse stated that care plans are written to guide nurses and CNAs on resident care, including orders, preferences, and concerns. She emphasized that all staff should use the care plan when providing care, as failing to follow a comprehensive and updated care plan could compromise the resident's well-being. A record review of Resident #31's Admission Record revealed an admitted [DATE] with a diagnoses that included Neuromuscular Dysfunction of the Bladder. A record review of the MDS with an ARD of 12/28/24 revealed a BIMS score of 7, indicating severe cognitive impairment. Section H was coded for indwelling catheter use. 50751

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 48669 Based on observations, interviews, record reviews, and facility policy reviews, the facility failed to ensure residents who use enabling devices have physician orders as part of the professional standard of practice for one (1) of (19) residents who use enabling devices in the facility. Resident #52. Findings include: A review of the facility policy, Provision of Quality of Care, revised on September 20, 2022, revealed: . Policy Explanation and Compliance Guidelines .4. Qualified persons will provide the care and treatment in accordance with professional standards of practice On 2/4/25 at 10:38 AM, Licensed Practical Nurse (LPN) #1, stated in an interview that there is no documentation regarding the monitoring of the resident while using the seatbelt. She mentioned that they usually check on her every 15 minutes, but this is not documented. During an interview and record review with the Director of Nursing (DON) on 2/4/25 at 10:49 AM, revealed Resident #52 had been using the seatbelt since December 2024. However, there was not a physician's order for the seatbelt. The DON explained that this must have been an oversight, as the resident should have an order in her medical file. At 11:02 AM on 2/4/25, during an observation with the Director of Nursing (DON), the State Agency (SA) attempted to interview Resident #52, who was sitting near the nurses' desk with a seatbelt fastened around her waist. Upon the DON's request, the resident was able to self-release from the seatbelt without any direction given. During the attempted interview, Resident #52 was unable to speak fluently and mumbled in response to the SA's questions about the seatbelt. No clear communication was obtained. In a follow-up interview on 2/4/25 at 1:17 PM, the DON explained that the purpose of the seatbelt is to help reduce falls. She noted that there is no documentation in place to provide evidence of ongoing assessment of the resident regarding the seatbelt, despite the possibility of decline due to the resident's Parkinson's diagnosis. She indicated that she, along with the rest of the Interdisciplinary Team (IDT), discussed this issue in December 2024 when the seatbelt was issued. However, beyond that, they rely on visual monitoring for any signs of decline and on the quarterly Brief Interview for Mental Status (BIMS) assessment to determine the resident's ability to release the seat belt. A record review of the Admission Record revealed that the facility admitted Resident #52 on 6/5/2024 with diagnoses that Parkinson's disease without dyskinesia and Unspecified dementia. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/7/2024 revealed a BIMS score of 10 indicating the resident had moderate cognitive impairment.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680 Based on observation, interviews, and facility policy review, the facility failed to follow infection prevention guidelines by improperly implementing enhanced barrier precautions, failing to adhere to handwashing/hand hygiene practices during care and failed to ensure clean and soiled items were not stored together in a biohazard room for two (2) of four (4) days of survey that affected Resident #13 and Resident #31. Findings Include: A record review of the facility's Enhanced Barrier Precautions policy dated 3/7/24 revealed .Policy Explanation and Compliance Guidelines .2. b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes), even if the resident is not known to be infected or colonized with a multidrug-resistant organism (MDRO). ii. Infection or colonization with a Centers for Disease Control and Prevention (CDC)-targeted MDRO when Contact Precautions do not otherwise apply A record review of the facility's Handwashing/Hand Hygiene policy, revised on 08/02/2022, revealed Policy Statement: The facility considers hand hygiene the primary means of preventing the spread of infections Policy Interpretation and Implementation .7. Use an alcohol-based rub containing at least 70% alcohol; or, alternatively, soap and water in the following situations . h. Before moving from a contaminated body site to a clean body site during resident care .l. After contact with objects .in the immediate vicinity of the resident .m. After removing gloves . A record review of the facility's Infection Prevention and Control Program policy, revised 06/15/2023, revealed Policy: This facility has established and maintains 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 in accordance with accepted national standards and guidelines . On 02/03/2025 at 11:17 AM, an observation of the biohazard room, conducted with the Housekeeping Supervisor, revealed several boxes of new sharps containers with lids stored inside. The Housekeeping Supervisor stated that the containers were being stored there for later use by nurses. During an interview, she explained that due to a lack of storage space, they used the empty shelving in the biohazard room. However, she acknowledged that storing clean items in the biohazard room posed a risk of contamination and the potential spread of infection. Resident #31 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/04/25 at 2:08 PM, an observation of foley catheter care and interview revealed upon entrance to Resident 31's room there was Enhanced Barrier Precautions (EBP) signage posted. Certified Nursing Assistant (CNA) #1 placed supplies on the bedside table but did not sanitize the table or use a protective barrier. She did not put on a gown prior to providing care. She applied clean gloves, adjusted the bed using the remote while wearing gloves, and proceeded with catheter care. After touching the remote with her gloves, she continued providing care without changing them. She removed the resident's brief and used peri-wipes, pulling them from the package with contaminated gloves throughout the procedure. Upon completion of care, she removed her gloves and placed two clear bags containing soiled towels, briefs, and wipes on the floor while washing her hands.CNA #1 stated during the interview that she had received training on Enhanced Barrier Precautions and acknowledged that she should have donned (put on) a gown before beginning care. She stated that the gown is used to protect both staff and residents. She also stated that she typically relies on personal protective equipment (PPE) hanging on the door as a reminder to wear PPE. She further acknowledged that she should have removed her gloves after touching the bed remote and washed her hands before resuming care. CNA #1 stated she was unaware that she needed to sanitize the table and use a barrier before placing items on it. She also confirmed that placing soiled bags on the floor constituted cross-contamination and that the resident could develop an infection from the care provided. A record review of Resident #31's Admission Record revealed an admitted [DATE] with a diagnoses that included Neuromuscular Dysfunction of the Bladder. A record review of Resident #31's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/28/24 revealed a Brief Interview of Mental Status (BIMS) score of 7, indicating severe cognitive impairment. Resident #13 On 02/04/2025 at 2:08 PM, an observation was conducted of Licensed Practical Nurse (LPN) #2 performing percutaneous endoscopic gastrostomy (PEG) tube site care for Resident #13. LPN #2 did not don a sterile gown prior to or during the procedure. On 02/04/2025 at 2:12 PM, during an interview, LPN #2 was asked about the EBP signage on Resident #13's door, she stated that EBP are required for residents with catheters, PEG tubes, and similar devices to prevent infection. LPN #2 acknowledged that she had not worn a gown during the procedure and admitted that she should have done so to protect the resident's PEG tube site from infection. On 02/05/2025 at 1:55 PM, during an interview, the Director of Nursing (DON) stated that CNA #1 should have washed her hands upon entry, sanitized the bedside table before placing items on it, and used a barrier. She also stated that CNA #1 should have donned (put on) a gown before starting care. The DON confirmed that all peri wipes should have been removed from the package before beginning care to prevent cross-contamination. Additionally, she stated that CNA #1 should have removed gloves and performed hand hygiene when transitioning between front and back perineal care. The DON emphasized that staff should never place soiled bags on the floor, as this practice constitutes cross-contamination, transferring germs from the floor to the CNA's uniform. The DON stated that all staff have been trained in EBP, which are implemented to protect residents from staff-related contamination. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/06/2025 at 8:38 AM, during an interview, the DON stated that only contaminated items should be stored in the biohazard room. She confirmed that storing clean items in the biohazard room could contaminate staff while retrieving the containers, potentially bringing infections back to the residents on the floor. During an interview on 2/6/25 at 11:35 AM, the DON stated that EBP should be followed when providing care to residents with invasive lines, such as catheters. She confirmed that LPN #2 should have worn a gown before performing PEG tube site care for Resident #13 on 2/5/25. The DON stated that staff are expected to adhere to infection control guidelines, as reinforced through facility signage and training, and failure to comply could result in infection transmission among residents and staff. She further noted that Resident #13 required EBP not only due to the PEG tube but also because of a history of multidrug-resistant organism (MDRO) colonization, including methicillin-resistant Staphylococcus aureus (MRSA) at the site. She stated Resident #13 had recently completed a course of antibiotics. When asked whether the resident's infection could have been caused by staff failing to wear gowns, she stated, Yes. A record review of Resident #13 Admission Record revealed he was admitted on [DATE] with a diagnoses that included Encounter for Attention to Gastrostomy. A record review of the Order Summary Report with active orders as of 2/5/25 revealed an order dated 12/02/24 . Apply abdominal binder for g-tube for pt (patient) comfort. An order dated 12/03/24 revealed Clean the PEG site with normal saline (NS), pat dry, apply triple antibiotic ointment (TAO), apply split gauze until healed two times a day for PEG site infection. An order dated 12/3/24 for a PRN (as needed) PEG site care using the same order as the routine PEG site care. An order dated 6/29/24 to Administer Enteral Feeding once daily using Total Formula . A record review of the Minimum Data Set (MDS) dated [DATE], Section K, revealed that Resident #13 had a PEG tube. A record review of the facility's EBP signage indicated that EBP should be followed when providing care for devices such as central lines, urinary catheters, feeding tubes, tracheostomies, and wound care, including any skin opening requiring a dressing. 48669 50751