

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Shady Lawn Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Shady Lawn Place Vicksburg, MS 39180	
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 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>39807</p> <p>Based on observations, resident and staff interview, record review, and facility policy review the facility failed to develop a smoking care plan for Resident #36 and failed to develop a care plan for nail care for Resident #63 for two (2) of 19 care plans reviewed. Resident #36 and Resident #63.</p> <p>Findings include.</p> <p>A review of the facility policy with a revision date of 03/2019, titled Comprehensive Care Plan, revealed: Standard: It is the policy of this facility to develop and implement a comprehensive person - centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the resident's comprehensive assessment .</p> <p>Resident #36</p> <p>Record review of Resident #36's care plan with a date initiated:5/4/22 and a resolved date: 9/29/22 revealed Focus RESOLVED: The resident is at risk for injury r/t (related to) smoking Cigarettes and keeps a Cigar in his mouth . The desired outcome and all interventions were marked RESOLVED.</p> <p>Record review of Resident #36's .Smoking and Safety evaluation dated 3/20/24 revealed .2. Which of the following products does the Resident use? The response was checked 1. Tobacco</p> <p>An interview on 05/01/24 at 3:50 PM, with the Minimum Data Set (MDS) Nurse confirmed that Resident #36 does smoke tobacco occasionally and that he does not have a current care plan for smoking but that he should. The MDS nurse confirmed that the resident had a care plan for smoking that was resolved 9/29/22. The MDS nurse revealed that the purpose of having a care plan is to guide the residents care safely and that without a care plan a resident can receive care the wrong way.</p> <p>An observation and interview, on 05/01/24 at 4:00 PM with Licensed Practical Nurse (LPN) #1 confirmed Resident #36 does smoke tobacco occasionally, but not every day. LPN #1 stated We offer him to go for each smoke break, sometimes he does and sometimes he doesn't go. LPN #1 revealed that the resident has one full unopened pack of cigarettes and one pack of cigarettes that is open and has cigarettes missing from the pack. Both packs of cigarettes had the residents name written on them and they were located inside of the facility smoke box.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255234
		If continuation sheet Page 1 of 3

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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>An interview, on 05/01/24 at 4:05 PM with Resident #36 confirmed that he does smoke tobacco occasionally.</p> <p>An interview on 05/02/24 at 8:00 AM, with the Administrator confirmed that the purpose of the care plan is to guide the residents care safely and without the care plan the resident can receive the wrong care.</p> <p>Resident #63</p> <p>Record review of the care plans revealed (Proper name of Resident #63) has an ADL (Activities of Daily Living) deficit .Desired Outcome .The resident will maintain or improve current ability in .Personal Hygiene . There were no interventions/task developed for nail care for Resident #63 included in the care plan.</p> <p>During an observation on 4/30/2024 at 2:42 PM, Resident #63 was sitting in a wheelchair in the activity room. Excessively long, thick, discolored fingernails observed on both hands measuring approximately one-half (1/2) inch in length.</p> <p>An observation and interview on 5/1/2024 at 10:35 AM, with Licensed Practical Nurse (LPN) #2, confirmed Resident #63 had long nails that needed to be cut.</p> <p>An interview with the Minimum Data Set Nurse (MDS) on 5/2/2024 at 10:01 AM, confirmed the resident did not have a care plan developed for nail care. She revealed they did not have the nail care task developed for Resident #63; therefore, a care plan had not been developed. She explained the purpose of the care plan was to guide the staff with the resident care to be given.</p> <p>47874</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>47874</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to provide the necessary nail care for a resident as evidenced by long, thick fingernails for one (1) of 17 sampled residents. Resident #63</p> <p>Findings Include:</p> <p>Review of the facility policy titled Resident Hygiene with a revision date of 06/2022 revealed Purpose: The purpose of this procedure is to clean the nail bed to keep nails trimmed and to prevent infections. Nail care includes cleaning and trimming as needed. Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his/her skin .</p> <p>An observation on 4/30/2024 at 2:42 PM, revealed Resident #63 sitting in a wheelchair in the activity room. He had excessively long, thick, discolored fingernails observed on both hands measuring approximately one-half (1/2) inch in length.</p> <p>During an observation and interview with Licensed Practical Nurse (LPN) #2 on 5/1/2024, at 10:35 AM, confirmed Resident #62 had long nails that needed to be cut. She revealed that the nails could cause skin injury. She explained that the resident was a diabetic and a Registered Nurse (RN) must cut his nails.</p> <p>An interview with the Director of Nursing (DON) on 5/1/2024 at 10:51 AM, revealed the Wound Care Nurse was responsible for cutting the diabetic nails and confirmed the facility did not have a nail care task implemented for Resident #63. She revealed that long nails could cause skin injuries.</p> <p>Record review of the Admission Record the facility admitted Resident #63 on 3/25/2023 with medical diagnoses that included Type 2 diabetes mellitus.</p>		