| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255265 | A. Building<br>B. Wing | 11/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Windham House of Hattiesburg | 37 Hillcrest Drive<br>Hattiesburg, MS 39402 |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>47873<br><br>Based on observation, interviews, record review, and facility policy review, the facility failed to protect a resident's right to a dignified existence by posting clinical data on a resident board in open view for one (1) of 15 sampled residents. (Resident #36).<br><br>Findings included:<br><br>A review of the facility's Resident Rights Policy, reviewed 12/23, revealed Every resident in the facility has the right to .16. Have their personal and medical records treated as confidential .<br><br>A review of the facility's policy titled Dignity and Respect, revised 07/22, revealed A facility must treat each resident with respect and dignity .The facility shall protect and promote the rights of the resident .<br><br>A record review of the Admission Record revealed the facility admitted Resident #36 on 07/19/2022 with diagnoses including Cerebral Infarction.<br><br>During an observation and interview on 11/12/24 at 10:02 AM, there was identifiable care information visible on a board at the head of the bed in Resident #36's room. The documentation included the resident's name, turn rotation schedule, and care coordination details, such as the requirement for a two-person assist and use of a mechanical lift. Resident #36 stated that the clinical documentation at the head of the bed was intended to assist the Certified Nursing Aides (CNAs) and staff by specifying how to care for her. She mentioned that the documentation included details on when and how to turn her to prevent pressure sores. The resident was unsure how long the information had been displayed.<br><br>On 11/12/2024 at 10:40 AM, during an interview, Licensed Practical Nurse (LPN) #2 stated that the information on the board in the resident's room was meant to inform staff about providing specific care for the resident. She acknowledged that the documents contained the resident's name and could be considered a dignity issue, adding that the same information was available was available to view in the electronic medical record (EMR).<br><br>(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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 11/14/2024 at 1:00 PM, during an interview, the Administrator explained that the information on the board was intended to guide staff in providing care for Resident #36. He admitted that the documents included the resident's name and agreed it could be viewed as a dignity issue, reiterating that the same information was accessible in the resident's EMR. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>47873<br><br>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure the resident's right to a clean, comfortable home-like environment as evidenced by a stained privacy curtain, undusted high-touch areas, scuffed and dirty walls, and an unclean shower in the room of one (1) of 15 sampled residents. (Resident #18)<br><br>Findings included:<br><br>A review of the facility's policy Resident Environment, dated 09/15, revealed, It is the policy of this facility to provide a safe, clean, comfortable, homelike environment .<br><br>On 11/12/2024 at 1:16 PM, during an observation and interview, Resident #18's shower contained a hair wash basin and a dead house plant, with grime and dirt visible on the shower floor. The room had noticeable dust and spider webs above the overhead light, and grime and scuff marks were observed on the wall behind the headboard. The privacy curtain at the sliding glass door displayed oil and dirt stains. Resident #18, the sole occupant of the room, stated that she had never used the shower, noting that it had been grimy for over six (6) months. She mentioned that while staff vacuum, empty the trash, and clean the toilet, they rarely dust certain areas.<br><br>On 11/13/2024 at 9:12 AM, during an interview, Housekeeping Staff #1 stated that her staff cleans rooms daily, typically including tasks such as vacuuming, dusting, and mopping. However, she noted that privacy curtains are only washed when staff notify her that they need attention. She confirmed Resident #18's room had noticeable dust and spider webs above the overhead light, grime and scuff marks on the wall behind the headboard, and oil and dirt stains on the privacy curtain. She acknowledged that these issues represented lapses in the facility's adherence to cleanliness and maintenance standards.<br><br>On 11/14/2024 at 11:19 AM, during an interview, the Nursing Home Administrator emphasized that the maintenance and upkeep of residents' rooms are essential to creating a home-like environment. He expressed his expectation that staff adhere strictly to cleanliness and maintenance standards to ensure a comfortable and sanitary setting for all residents.<br><br>A record review of the Admission Record revealed the facility admitted Resident #18 on 06/19/2017 with diagnoses including Paraplegia.<br><br>A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/03/2024 revealed Resident #18 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. |

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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives an accurate assessment.<br><br>43283<br><br>Based on interviews, record review, and facility policy review, the facility failed to accurately code a Minimum Data Set (MDS) assessment for a resident receiving dialysis for one (1) of one (1) dialysis residents reviewed. (Resident #10)<br><br>Findings included:<br><br>A review of the facility's policy Resident Assessment, revised 09/19, revealed, An assessment will be completed on each resident utilizing the MDS . The completed assessment guide the staff in identifying key information about the resident and serves as a basis for identifying resident-specific issues . The assessment will describe the resident's physical and mental deficits, strengths and the requirements of assistance to meet their needs .<br><br>A record review of the Order Listing Report revealed Resident #10 had a Physician's Order, dated 7/27/24, for dialysis services at a local clinic every Monday, Wednesday, and Friday.<br><br>A record review of the Admission Record revealed the facility originally admitted Resident #10 on 4/26/2022 and with diagnoses including End Stage Renal Disease and Dependence on Renal Dialysis.<br><br>A record review of the Quarterly MDS with an Assessment Reference Date (ARD) of 10/28/2024 revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated he was cognitively intact. Section O was not coded that Resident #10 received hemodialysis.<br><br>On 11/12/2024 at 11:25 AM, during an interview, the Director of Nursing (DON) stated that Resident #10 was the only resident in the facility who goes to dialysis.<br><br>On 11/14/2024 at 9:35 AM, during an interview, Registered Nurse (RN) #2 confirmed that she completed the last Quarterly MDS, and she did not code it in a manner that reflected Resident #10 received dialysis. She explained that during the last visit with Case Mix Management, she was informed that dialysis could only be documented on the MDS if a communication form was completed for each dialysis visit. She stated that previously, one completed communication form was sufficient to document dialysis, but now three forms were required. She acknowledged that the MDS did not accurately reflect the resident's true assessment and confirmed that Resident #10 had consistently received dialysis since admission.<br><br>On 11/14/2024 at 1:30 PM, during an interview, the DON stated that she was aware there had been problems identified during the Case Mix audit regarding the dialysis communication forms and the MDS coding.<br><br>On 11/14/2024 at 1:36 PM, during an interview, the Administrator stated that he was not aware the MDS did not document dialysis for a resident who had been receiving dialysis since admission. He expressed his expectation that each resident's MDS be coded accurately. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>43283<br><br>Based on observation, staff interview, record review, and facility policy review, the facility failed to implement a resident's comprehensive care plan regarding Enhanced Barrier Precautions (EBP) while providing Percutaneous Endoscopic Gastrostomy (PEG) tube care for one (1) of 15 sampled residents. Resident #19.<br><br>Findings included:<br><br>A record review of the facility's policy Care Plan Process, revised 08/17, revealed, . CAA's (Care Area Assessments) assist in guiding to develop an individualized plan of care and should provide structure for the care and services that are needed . When implemented properly, the CAA process should help staff: . address the need and desire for other important considerations . The comprehensive care plan is an interdisciplinary tool . for the care of the resident .<br><br>A record review of Resident #19's Care Plan revealed Problem/Need: Resident has a feeding tube . Approaches .Enhanced barrier precautions-Gown and gloves to be worn during high contact resident care activities (dressing, bathing, transfers, changing linens, hygiene, and toileting . The intervention was dated 4/23/24.<br><br>During an observation on 11/13/2024 at 10:25 AM, Registered Nurse (RN) #1 did not wear a gown while providing PEG tube care for Resident #19. After cleaning and drying the site, RN #1 verbalized that she forgot to put on a gown and continued to complete the care without wearing the gown.<br><br>During an interview on 11/13/2024 at 10:35 AM, RN #1 confirmed she did not use a gown while providing care. She stated that the purpose of the gown was to protect the resident during care and acknowledged that she was expected to wear a gown while providing care and to follow Resident #19's care plan interventions regarding EBP.<br><br>A record review of the Admission Record revealed that the facility admitted Resident #19 on 02/23/2023 with diagnoses including Encounter for Attention to Gastrostomy and Dysphagia, Unspecified.<br><br>A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/07/2024 revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. A review Section K revealed she had a feeding tube.<br><br>During an interview on 11/14/2024 at 12:00 PM, RN #2/Care Plan Nurse, confirmed that EBP was required on Resident #19's care plan and stated that she expected all staff to follow the care plan while providing care.<br><br>During an interview on 11/14/2024 at 1:34 PM, the Director of Nursing (DON) verbalized understanding of Enhanced Barrier Precautions and the importance of following the care plan. She stated that she expected all staff to adhere to Enhanced Barrier Precautions and care plans while providing care. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43283<br><br>Based on observations, interviews, record reviews, and policy reviews, the facility failed to store food and maintain sanitary practices in accordance with professional standards for food safety, including expired foods, exposed foods, overly ripe produce, unsanitary practices by staff, and incomplete temperature logs for resident refrigerators for three (3) of (3) days of survey.<br><br>Findings included:<br><br>A review of the facility's policy titled Food Storage Labeling, revised ,d+[DATE], revealed, Policy: The facility will ensure the safety and qualify of food by following good storage and labeling procedures .Procedure: 1. Labeling a. All temperature controlled foods .will be labeled. 3. Rotations b. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed their manufacturer use-by date or expiration date .<br><br>A review of the facility's policy titled Employee Work Practices, revised ,d+[DATE], revealed, Food service employees shall follow sanitary practices to prevent the spread of foodborne illness . Wears a . hair restraint (e.g., beard restraint) in the food production area. The restraint must cover all hair and prevent the hair from contacting exposed food .<br><br>A review of the facility's policy titled Food From Outside Sources, reviewed ,d+[DATE], revealed<br><br>.Food that is brought to the residents from family, visitors, or volunteers is handled in a safe and sanitary manner. Procedure .4 a. Foods requiring refrigeration may be stored in a resident's personal refrigerator. The refrigerator is equipped with a thermometer .iv. A designated employee is assigned the following tasks: Monitoring refrigerator temperature. If temperature is consistently above 41 F, their immediate supervisor is notified .<br><br>Kitchen:<br><br>On [DATE] at 9:07 AM, during an observation and interview with the Dietary Supervisor (DS), it was noted that Refrigerator #1 contained one (1) gallon of 2% milk with a manufacturer's date of [DATE], which the DS confirmed was expired. A 4-ounce carton of cranberry-flavored cocktail fell on to the floor, and the DS placed it back into the box without cleaning it. Refrigerator #2 contained a five (5) pound bag of shredded cheese with no open date, showing a supplier received date of [DATE]. Refrigerator #3 contained a pan of beef stroganoff covered with plastic wrap that had a hole, leaving the food exposed. Freezer #1 contained an opened, exposed bag of chicken nuggets. In the pantry, four (4) onions had white biological growth.<br><br>On [DATE] at 9:30 AM, during an observation and interview, the Hairdresser (HD) and Business Office Manager (BOM) were in the food preparation area without wearing hair restraints while a kitchen staff member prepared cookie dough. Both the HD and BOM acknowledged they should have been wearing hair restraints.<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | On [DATE] at 10:45 AM, [NAME] #1 was observed preparing raw chicken without a beard net. He moved between tasks, including handling raw chicken, assisting with vegetables, and touching various surfaces, with only glove changes and no handwashing. [NAME] #2 was observed opening an oven with his foot, which the DS later opened by hand.<br><br>On [DATE] at 11:00 AM, during an interview, [NAME] #1 admitted to not wearing a beard net and failing to use proper hand hygiene. He reported working at the facility for one week.<br><br>On [DATE] at 1:12 PM, during an interview, [NAME] #2 admitted to using his foot to open the oven and acknowledged it was unsanitary. He stated staff are in-serviced on food safety twice a month.<br><br>On [DATE] at 1:17 PM, the DS acknowledged outdated foods, exposed foods, overly ripe onions, and unsanitary practices in the kitchen. She stated she conducts in-services twice a month and takes responsibility for ensuring expired and overly ripe foods are discarded.<br><br>On [DATE] at 8:40 AM, the Administrator confirmed the findings and stated he would assist the DS in conducting more frequent checks for expired foods. He also stated he addressed the issue of non-kitchen staff entering the kitchen without hair restraints.<br><br>Resident Refrigerator Logs (Resident #17):<br><br>On [DATE] at 10:05 AM, during an observation, the refrigerator in Resident #17's room was observed with a temperature log that had no recorded temperatures for [DATE]. Items in the refrigerator included water, juice, applesauce, and Jell-O.<br><br>On [DATE] at 9:10 AM, during an observation and interview with Licensed Practical Nurse (LPN) #1, she confirmed that the refrigerator temperature log was incomplete. She stated temperatures are checked daily by housekeeping.<br><br>On [DATE] at 9:25 AM, during an interview with Housekeeping #1, she confirmed the logs were to be completed daily but had not been filled out for November.<br><br>On [DATE] at 1:37 PM, during an interview, the Administrator stated he was unaware that refrigerator temperatures were not being recorded and expects daily monitoring.<br><br>A record review of the Admission Record revealed the facility admitted Resident #17 on [DATE] with diagnoses including Unspecified Dementia.<br><br>48181 |

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| F 0865<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Have a plan that describes the process for conducting QAPI and QAA activities.<br><br>37415<br><br>Based on interviews, record review, plan of correction review, and facility policy review, the facility failed to sustain an effective Quality Assurance and Performance Improvement (QAPI) committee as evidenced by one (1) of (1) re-cited deficiency originally cited in April 2023 on an annual recertification survey.<br><br>Findings Include:<br><br>A review of the facility's, QAPI Governance and Leadership Guidelines', revised 08/15, revealed, Oversight of the facilities QAPI program is provided through the Quality Assessment and Assurance (QA Committee) . The QAPI program is developed and led by the QA Committee, but requires input and participation from staff, residents and families .Element 5: Systematic Analysis and Systemic Action .The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/structured approach to determine whether and how identify problems may be caused or exacerbated by the way care and services are organized or delivered .Systemic actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.<br><br>F641:<br><br>During this recertification survey, 11/12/24 through 11/14/24, the facility failed to ensure a Minimum Data Set (MDS) assessment was accurately coded for a resident receiving dialysis for (1) of (1) resident reviewed for dialysis. During the recertification survey on 4/27/23, the facility failed to accurately code the MDS related to a resident receiving an anticoagulant medication and a resident who had a nephrostomy tube.<br><br>During an interview on 11/14/24 at 10:00 AM, Registered Nurse (RN) #3 confirmed that she attended QAPI meetings, and the facility had not discussed the MDS inaccuracy regarding Resident #10 receiving dialysis.<br><br>During an interview with the Director of Nursing (DON) on 11/14/24 at 1:00 PM, she said she had not reviewed the CMS-2567 (a record that identifies the federal regulation in violation and describes the findings of noncompliance and the facility's plan of correction) from the previous annual recertification survey when she came to work at the facility in September 2024. The DON stated she had not attended a QAPI meeting at the facility and was unaware the facility was previously cited for inaccuracy of MDS assessments.<br><br>During an interview with the Administrator on 11/14/24 at 2:00 PM, he stated he was not aware of the previous MDS assessment citation or the facility's plan of correction because he was not working at the facility at the time of the survey in April of 2023. The Administrator confirmed he had not reviewed the previous 2567 to determine previous citations. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>43283<br><br>Based on observation, staff interview, record review and facility policy review the facility failed to implement Enhanced Barrier Precautions (EBP) for one (1) of three (3) residents reviewed as high risk for acquiring multi-drug-resistant organisms (MDROs). (Resident #19)<br><br>Findings included:<br><br>A record review of the facility's policy Enhanced Barrier Precautions, revised 03/24, revealed, Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices) . Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies .<br><br>On 11/13/2024 at 10:15 AM, during an interview, Registered Nurse (RN) #1 explained that she was aware Resident #19 was on EBP due to having a PEG tube. She stated she had been in-serviced on EBP.<br><br>On 11/13/2024 at 10:25 AM, during an observation of Percutaneous Endoscopic Gastrostomy (PEG) site care for Resident #19, revealed RN #1 did not wear a gown while providing care. After cleaning and drying the site, RN #1 verbalized that she forgot to put on a gown and continued to complete the care without wearing the gown.<br><br>On 11/13/2024 at 10:35 AM, during an interview, RN #1 confirmed she did not use a gown while providing care. She stated that the purpose of the gown was to protect the resident during care and acknowledged that she was expected to follow EBP while providing care to Resident #19's PEG site.<br><br>On 11/14/2024 at 9:40 AM, during an interview, Licensed Practical Nurse (LPN) #1 explained that all staff members had been educated on EBP and that signs were placed on the doors of residents requiring such precautions. She stated she expected all staff to follow EBP to prevent the spread of infections. She confirmed that Resident #19 was on EBP due to having a PEG tube and that a gown and gloves should always be worn when providing high-contact resident care, including PEG site care.<br><br>On 11/14/2024 at 1:34 PM, during an interview, the Director of Nursing (DON) stated she understood the requirements of EBP and expected all staff to follow them while providing care to prevent the spread of infection.<br><br>A record review of the Admission Record revealed the facility initially admitted Resident #19 on 11/24/2021 with diagnoses including Encounter for Attention to Gastrostomy and Dysphagia, Unspecified.<br><br>A record review of the Order Listing Report revealed Resident #19 had a Physician's Order, dated, 9/27/24 to cleanse the PEG site with normal saline, pat dry, and apply new split foam dressing.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/07/2024 revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. A review Section K revealed Resident #19 had a feeding tube. |