

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Clarksdale Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1120 Ritchie Ave Clarksdale, MS 38614	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45598</b></p> <p>Based on observation, staff and resident interview, and record review the facility failed to ensure that a resident received incontinent care during a night shift for one (1) of five (5) residents reviewed. Resident #1.</p> <p>Findings Include:</p> <p>Record review of a typed statement by the Administrator dated 06/26/24 on Company Letterhead revealed, Clarksdale Nursing Center does not have a policy specific to how frequent ADL (Activities of Daily Living) rounds are made or incontinent care provided.</p> <p>On 06/26/24 at 7:40 AM, an observation and interview with Licensed Practical Nurse #1 (LPN) revealed her entering Resident #1's room and confirmed that his brief was soaked with urine and that he should have been changed during the Certified Nursing Assistant's (CNA) last rounds. State Agency (SA) observed Resident #1 telling LPN #1 that he had not been changed during the night and she stated to Resident #1, I'm sorry. I will get someone to change you now. LPN #1 revealed that leaving a resident wet for long periods could cause all kinds of problems including urinary tract infections, bed sores, and other skin issues. LPN #1 revealed that Resident #1 would get up to the bathroom himself if he was in his wheelchair but would not get up and go to the bathroom if he was in the bed.</p> <p>On 06/26/24 at 9:00 AM, an interview with CNA #1, revealed that the CNAs were supposed to make rounds on each resident every two (2) hours on day and night shifts, and change their brief if wet or soiled. She revealed that if they noticed a resident was wet between rounds, they were supposed to go ahead and change them and not wait until the scheduled time and stated, We can't control when someone pees. She revealed that the night shift normally made their last rounds and changed the residents' briefs or diapers before they clocked out at 7:00 AM.</p> <p>At 9:40 AM on 6/26/24, an interview with the Director of Nursing (DON), revealed she had preached to the staff about the need to make their rounds at least every 2 hours on day and night shifts, and to check on the residents, not just stick their heads in and look at them. The DON revealed that they trained all nursing staff on incontinence care, on rounding every 2 hours, and on changing residents who needed to be changed even if it was between their scheduled rounds. The DON revealed that Resident #1 should not have been left wet, that his assigned CNA should have changed him.</p> <p>Record review of Resident #1's Face Sheet revealed an admitted [DATE] with diagnoses that included Type II Diabetes and Hemiplegia following Cerebral Infarction.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/11/24, under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 11 which indicated that he had moderate cognitive deficits. Section H Urinary Continence revealed that he was frequently incontinent.</p>		