

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  06/18/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interviews, record review, and facility policy review, the facility failed to notify a dialysis clinic of a significant change in a resident's status for one (1) of three (3) residents reviewed for notification of change (Resident #1).</p> <p>Findings include:</p> <p>Review of the facility policy titled Change in Resident Medical Status, last revised 9/17, revealed a change in medical status is defined as any physical, psychological, and/or medical deviation as compared to the resident's status as noted in the initial assessment.</p> <p>During review of a complaint received related to Resident #1, it was revealed that the facility did not inform the dialysis clinic of the resident's fall that resulted in a brain bleed.</p> <p>Record review of a document dated 2/27/25 from (Proper Name) Medical Center revealed Resident #1 presented to the Emergency Department (ED) related to a fall with injury and was diagnosed with a subdural hematoma and a scalp laceration.</p> <p>An interview with the Nurse Practitioner on 6/18/25 at 11:00 AM confirmed that Resident #1 obtained a subdural hematoma from the fall that occurred on 2/26/25. She stated she asked one of the nursing staff if the dialysis unit was aware of the fall with the subdural hematoma, and the staff member replied yes. She also confirmed that the dialysis unit needed to be aware of the subdural hematoma to determine if any treatments may need to be altered.</p> <p>An interview with Licensed Practical Nurse (LPN) #1 on 6/18/25 at 11:41 AM confirmed that the facility communicates with the dialysis clinic using the Nursing Facility/Dialysis Clinic Communication forms and confirmed that the fall with the subdural hematoma that Resident #1 obtained should have been communicated on that form to the dialysis clinic.</p> <p>Review of the Nursing Facility/Dialysis Clinic Communication form for Resident #1 dated 3/5/25, completed by LPN #1, revealed it was completed by the nursing facility prior to clinic transfer. The section titled Change in Condition contained no documentation of the fall or subdural hematoma diagnosed on [DATE]. A continued review of the Nursing Facility/Dialysis Clinic Communication form for Resident #1 dated 3/5/25-4/4/25 revealed there continued to be no documentation of the fall or subdural hematoma.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A phone interview with the Clinic Manager Registered Nurse from the dialysis clinic on 6/18/25 at 11:50 AM confirmed that Resident #1 was a patient at the clinic and recalls finding out about the fall when the resident told their staff. She reviewed the communication forms and medical record of Resident #1 and stated she was unable to find any documentation that the dialysis clinic was ever informed that Resident #1 had a subdural hematoma. She stated that residents on dialysis are given heparin, an anticoagulant, during dialysis treatment to thin the blood. She then stated that if the clinic had been made aware, the provider would have been notified prior to dialysis treatment because thinning the blood could increase the risk of bleeding from the subdural hematoma, and staff would have been aware of the need to assess for any changes in status.</p> <p>Record review of the progress notes for Resident #1 from 2/26/25-3/30/25 revealed no documentation that the dialysis clinic was notified of the subdural hematoma diagnosed after a fall on 2/26/25.</p> <p>An interview with the Director of Nursing on 6/18/25 at 12:10 PM confirmed that staff should have documented the change in status of Resident #1 having a subdural hematoma to the dialysis clinic because the administration of heparin to thin the blood could have worsened the condition.</p> <p>An interview with the Administrator on 6/18/25 at 12:20 PM confirmed that the facility staff should have communicated to the dialysis clinic that Resident #1 had a subdural hematoma.</p> <p>Record review of the admission Record revealed the facility admitted Resident #1 was admitted on [DATE] with diagnoses of end-stage renal disease and a history of falling. No diagnosis of traumatic subdural hematoma was listed.</p> <p>Record review of Resident #1's Section C of the admission Minimum Data Set (MDS) revealed that on 1/24/25 the Brief Interview for Mental Status (BIMS) score was 14, indicating the resident was cognitively intact.</p>