

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  08/15/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46013 47157</p> <p>Based on staff interview, record review and facility policy review the facility failed to accurately code the Minimum Data Set Assessment (MDS) for the use of restraints for five (5) of five (5) resident MDS Assessments reviewed for accurate coding of restraints. Resident #5, #18, #25, #33, and #38.</p> <p>Findings include:</p> <p>Record review of the facility policy titled Resident Assessment revised 09/19, revealed .Any healthcare professional that completes a portion of the assessment must sign and certify the accuracy of the portion of the assessment that they have completed .</p> <p>Resident #5</p> <p>Review of the Quarterly MDS dated with an Assessment Reference Date (ARD) of 7/15/24 for Resident #5 revealed Section P Restraints was coded that resident uses side rails daily.</p> <p>An observation on 8/13/24 at 11:20 AM, of Resident #5's bed, revealed one-half (1/2) siderails to the head of the bed only.</p> <p>Interview with Certified Nursing Assistant #1 (CNA) on 8/14/24 at 10:30 AM, she stated that the one-half (1/2) upper side rails on Resident #5's bed do not restrain her or keep her from getting out of the bed.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #5 on 6/27/24 with a diagnosis of Pseudobulbar Affect.</p> <p>Resident #18</p> <p>During an observation and interview on 8/13/24 at 2:02 PM, Resident #18's bed was noted to have upper side rails. The resident revealed that the side rails help her turn.</p> <p>Record review of Resident #18's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Rheumatoid arthritis and a Personal history of stroke.</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
---	-------	-----------

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  08/15/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Record review of Resident #18's MDS with an ARD of 7/9/24 revealed under Section: P that Physical restraints was coded to use bed rail daily.</p> <p>Record review of Resident #18's MDS with an ARD of 7/9/24 revealed under Section C that the resident had a Brief Interview for Mental Status (BIMS) score of 10 which indicated the resident is moderately cognitive impaired.</p> <p>Resident #25</p> <p>Review of the Quarterly MDS with an ARD of 5/14/2024 for Resident #25 revealed Section P-Restraints was coded the resident uses side rails daily.</p> <p>An observation on 8/13/24 at 10:30 AM, of Resident #25's bed, revealed 1/2 rails to the head of the bed only.</p> <p>In an interview with Registered Nurse (RN)/Treatment nurse on 8/14/24 at 10:05 AM, she revealed that Resident #25 was not physically able to get herself out of the bed and the side rails to the top of the bed were not considered restraints.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #25 on 7/05/23 with a diagnosis of Encounter for the orthopedic aftercare.</p> <p>Resident #33</p> <p>Review of the Quarterly MDS with an ARD of 7/30/24 revealed Section P Restraints was coded that resident uses side rails daily.</p> <p>An observation on 8/13/24 at 10:58 AM, revealed Resident #33 had two half rails located at the head of the bed only.</p> <p>In an interview with the RN Treatment nurse on 8/14/24 at 10:00 AM, she revealed that Resident #33 was unable to get herself out of the bed and the side rails to the top of the bed were not considered restraints.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #33 on 7/05/23 with a diagnosis of Type two Diabetes Mellitus.</p> <p>Resident #38</p> <p>Review of the Significant Change MDS with an ARD of 6/7/24 for Resident #38 revealed Section P Restraints was coded the resident uses side rails daily.</p> <p>An observation on 8/13/24 at 11:00 AM, of Resident #38's bed, revealed one-half (1/2) siderails to the head of the bed only.</p> <p>(continued on next page)</p>		

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  08/15/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Interview with Licensed Practical Nurse #2 (LPN) on 8/14/24 at 10:35 AM, she stated that Resident #38 is not physically able to get out of bed without of assistance. She stated that the one-half (1/2) side rails on Resident 38's bed are used to enhance her mobility and do not restrain her. She stated that the facility is restraint free.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #38 on 3/7/24 with a diagnosis of Dementia.</p> <p>In an interview with the Nurse Case Manager on 8/14/24 at 11:21 AM, she revealed that she found out yesterday 8/13/24 from the Nurse Consultant that the MDS department has been incorrectly coding section P of the MDS for restraints. She then stated that the previous Case Manager trained her to code all side rails as restraints on the MDS. She also confirmed that Section P of the MDS for restraints for Resident's #5, #18, #25, #33, and #38 were coded incorrectly, and the residents do not have restraints. Furthermore, she stated that the purpose of coding the MDS correctly is to provide an accurate reflection of the resident's specific care that each resident requires.</p> <p>In an interview with the Administrator on 8/14/24 at 11:30 AM, she revealed the facility has no restraints, and confirmed she was unaware that the resident MDS assessments were being coded incorrectly.</p> <p>In an interview with the RN/ MDS Assessment nurse on 8/14/24 at 11:51 AM, she revealed she was trained to code all side rails as restraints because the residents cannot physically remove side rails from the bed. She stated she knew they were not restraints, but that is the way she was trained.</p> <p>47158</p>

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  08/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>46013</p> <p>47157</p> <p>47158</p> <p>Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to implement care plans related to fluid restriction (Resident #11), nail care (Resident's #24 &amp; #44) and following Enhanced Barrier Precautions (EBP) for (Resident #157) for four (4) of 19 care plans reviewed.</p> <p>Findings included:</p> <p>Review of the facility policy titled, Care Plan Process, revised 08/17, revealed The facility staff shall follow the care plan .</p> <p>Resident # 11</p> <p>Record review of the Care Plan for Resident #11 revealed Resident receives dialysis .Has fluid restrictions 960 cubic centimeters (cc's) in a 24 hour per day (see EMAR).</p> <p>Record review of August 2024 Electronic Medical Record (EMAR) for Resident #11 revealed the resident received more than 960 cc's of fluid per day for none (9) of 13 days from 8/1/24 through 8/13/24. (8/1/24, 8/2/24, 8/5/24, 8/6/24, 8/7/24, 8/8/24, 8/9/24, 8/11/24, and 8/12/24).</p> <p>During an interview with Nurse Case Manager on 8/14/24 at 2:05 PM, she verified that Resident #11's care plan indicated that he was on a 960 cc per day fluid restriction. The Nurse Case Manager stated that staff failed to follow the care plan when they gave the resident more than 960 cc's per day. She stated that this could cause a fluid overload for the resident.</p> <p>Resident #24</p> <p>A record review of Resident #24's Care Plan revealed with a problem onset date of 08/29/2023 revealed Resident needs assistance with ADL'S (Activities of Daily Living) . Approaches . Nail Care weekly. Check condition and clean PRN (as needed) . Fingernails: Clean and Trimmed weekly on Tuesdays as indicated .</p> <p>During an observation on 08/13/24 at 10:40 AM, Resident #24's fingernails were long and jagged, approximately one-half (1/2) inch past the tips of fingers on both hands.</p> <p>An observation on 08/14/24 at 9:13 AM, Resident #24's fingernails were long and jagged, approximately one-half (1/2) inch past the tips of fingers on both hands.</p> <p>(continued on next page)</p>

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  08/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 08/14/24 at 10:50 AM, Licensed Practical Nurse (LPN) #2 confirmed that resident #24's nails were long and jagged and needed to be trimmed and confirmed that the resident's Care Plan was not being followed and should have been.</p> <p>During an interview on 08/14/24 at 11:10 AM, the Director of Nurses (DON) confirmed that Resident #24's fingernails were to be cleaned daily, and the nurses were to trim them on Tuesdays as indicated. She revealed that her ADL care plan was not being followed if her nails were not trimmed like they should have been.</p> <p>Resident #44</p> <p>A record review of Resident #44's Care Plan with a Problem onset date of 07/19/2023 revealed Resident needs limited assist with ADL'S (Activities of Daily Living) . Approaches .Fingernail: Clean and trimmed weekly as indicated .</p> <p>During an observation and interview on 08/14/24, at 1:30 PM, Resident #44's fingernails were long and jagged, approximately one inch past the tips of his fingers, with a brown substance underneath. Resident #44 stated my nails grow fast, but I think it's been about three weeks since they were cut.</p> <p>During an interview and observation on 08/14/24 at 2:10 PM, LPN #2 confirmed that Resident #44's fingernails were soiled and needed to be cut and that his plan of care was not being followed.</p> <p>During an interview and observation on 08/14/24 at 2:20 PM, the DON confirmed that the resident's nails were long and needed to be cut. The DON also confirmed that Resident #44's ADL care regarding his nail care was not being followed.</p> <p>During an interview on 08/15/24 at 9:50 AM, the Registered Nurse (RN) Supervisor revealed that both Resident #24 and Resident #44's ADL care plans regarding nail care were not being followed, and they should have been.</p> <p>Resident #157</p> <p>Record review of the Care Plan for Resident #157 revealed Problem/Need: Resident receives IV (intravenous medications) .Approaches .Enhanced barrier precautions followed .</p> <p>During an observation on 8/14/24 at 12:35 PM, revealed an enhanced barrier sign observed on the outside doorway to Resident #157's room. Observed the RN Supervisor enter Resident #157's room to administer ceftriaxone intravenous (IV) solution via the PICC line. The RN Supervisor was observed connecting the IV tubing to the resident's right upper arm PICC line access device. The RN Supervisor did not put on a gown for enhanced barrier precautions before the procedure. Upon exiting the room, the RN Supervisor was asked if Resident #157 was on enhanced barrier precautions. She stated yes and pointed to the enhanced barrier precaution sign on the outer doorway of Resident #157's room. She then confirmed that she did not use enhanced barrier precautions while hanging Resident 157's IV antibiotics via his PICC line.</p> <p>(continued on next page)</p>		

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  08/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Nurse Case Manager on 8/14/24 at 2:03 PM, she verified that Resident #157's care plan indicated that Enhanced Barrier Precautions (EBP) were to be used during administration of medication of IV antibiotics by PICC line. She then stated that staff failed to follow the care plan when they failed to use EBP when administering IV antibiotics and this could increase his risk for infection. She stated that the purpose of the care plan is to identify issues and put interventions in place to help achieve goals related to the resident's needs.</p>

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  08/15/2024
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 - Some</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**</b> 46013</p> <p>Based on observation, staff and resident interviews, facility policy review, and record review, the facility failed to ensure fingernails were clean and trimmed, as evidenced by long and jagged nails with a brown substance under nails for two (2) of eight (8) residents observed. Resident #24 and Resident #44</p> <p>Findings include:</p> <p>Record review of the facility's, Nail Care Policy, revised 07/10, revealed Purpose: To promote cleanliness, safety, and a neat appearance . Procedure .1. Perform hand hygiene . 7. Remove any debris from under the nails. 8. Trim the nails straight across . 14. Document all appropriate information in the clinical record .</p> <p>Resident #24</p> <p>During an observation on 08/13/24 at 10:40 AM, Resident #24's fingernails were long and jagged, approximately one-half (1/2) inch past the tips of fingers on both hands.</p> <p>An observation on 08/14/24 at 9:13 AM, Resident #24's fingernails were long and jagged, approximately one-half (1/2) inch past the tips of fingers on both hands.</p> <p>During an observation and interview on 08/14/24 at 10:40 AM, Certified Nurse Aide (CNA) #2 revealed she wasn't sure if the resident was diabetic but thought she was, and the nurses were supposed to trim her fingernails. She confirmed Resident #24's fingernails were long and jagged and revealed she could scratch herself and have a skin tear.</p> <p>During an observation and interview on 08/14/24 at 10:50 AM, Licensed Practical Nurse (LPN) #2 confirmed that Resident #24's nails were long and jagged and needed to be trimmed. She revealed that the nurses are supposed to trim her fingernails weekly since she is diabetic. She revealed that she could scratch herself with the jagged nails, get a skin tear, and possibly get an infection.</p> <p>A record review of Resident #24's Electronic Administration Record (EMAR) for August 2024 revealed under Nursing Instruction, Fingernail: Clean and trimmed weekly on Tuesday as indicated. The weekly dates of August 6 and August 13 were signed off as completed. August 13 was signed off by LPN #2.</p> <p>In an interview on 08/14/24 at 11:10 AM, the Director of Nurses (DON) confirmed that Resident #24's fingernails were to be cleaned daily, and the nurses were to trim the nails on Tuesdays as indicated and sign that it was completed in the EMAR. She confirmed that if the resident's nails were long and not trimmed, it could cause a skin tear injury for the resident.</p> <p>A record review of the Face Sheet revealed Resident #24 was admitted to the facility, on 08/29/2023 with diagnoses that included Type 2 diabetes mellitus and Unspecified dementia, severe.</p> <p>Resident #44</p> <p>(continued on next page)</p>

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  08/15/2024
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 - Some</p>	<p>During an observation and interview on 08/14/24, at 1:30 PM, Resident #44's fingernails were long and jagged, approximately one inch past the tips of his fingers, with a brown substance underneath. Resident #44 stated my nails grow fast, but I think it's been about three weeks since they were cut.</p> <p>In an interview on 08/14/24 at 2:00 PM, CNA #2 stated, I never cut his fingernails. He doesn't let you do it, so I don't even try.</p> <p>An observation and interview on 08/14/24 at 2:05 PM revealed Resident #44 sitting in his wheelchair in his room. His fingernails were long, jagged, and had a brown substance underneath. Resident #44 revealed that he doesn't refuse his fingernails to be cut and would like them trimmed.</p> <p>During an interview and observation on 08/14/24 at 2:10 PM, LPN #2 revealed that the CNAs could do Resident #44's fingernails since he is non-diabetic. When asked about the last time the resident's nails were cleaned and trimmed, LPN #2 stated, I can't answer that since I don't work down here every day. LPN #2 confirmed she did not look at his nails yesterday but did sign off on the EMAR that they were done. LPN #2 confirmed that Resident #44's fingernails were soiled and needed to be cut. She revealed that the treatment nurse usually does his nails, and the treatment nurse told her yesterday that all the nails were done, so she just signed them off without looking. Resident #44 stated to LPN #2, I would like my nails cut.</p> <p>A record review of Resident #44's EMAR for August 2024 revealed under nursing Instruction, Fingernail: Clean and trimmed weekly on Tuesday as indicated. The weekly dates of August 6 and August 13 were signed off as completed. August 13 was signed off by LPN #2.</p> <p>During an interview and observation on 08/14/24 at 2:20 PM, the DON confirmed the resident's nails were long and needed to be cut. Resident #44 stated, Yes, I want them cut. The DON revealed the EMAR shouldn't have been checked off without the nurse looking at the nails to make sure they were done.</p> <p>During an interview on 08/14/24 at 2:35 PM, the Registered Nurse (RN) Treatment Nurse revealed, I asked the resident yesterday if he wanted his nails done, and he was on the phone, and his wife said not at this time. The RN Treatment Nurse stated I went back later and asked him again, and he said no. She confirmed the resident's nails are to be kept clean and trimmed weekly and stated, I can't really tell you the last time his fingernails were cut.</p> <p>An interview on 08/15/24 at 9:50 AM with the RN Supervisor revealed the nurses and CNAs can all do nail care, however, the CNAs cannot do residents who are diabetic or on blood thinners, but they can let the nurses know when they do their AM care that the resident's nails need to be tended to. She revealed it doesn't fall under the task for the CNAs to check off, but they know they are to do the nails and then let the nurse know that the nails have been done so she can document them. She revealed it is the responsibility of either the treatment nurse or the charge nurse to physically look at the resident's nails every Tuesday and ensure that the nails are cleaned, trimmed, and appropriately documented on the EMAR.</p> <p>During an interview on 08/15/24 at 10:59 AM, the Administrator revealed that the CNAs and nurses are both responsible for resident nail care. She revealed that the nurse who is taking care of the residents can easily look at their fingernails when they are passing their medication and make sure they are cleaned and trimmed, and they are to document this weekly.</p> <p>(continued on next page)</p>		

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  08/15/2024
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 - Some</p>	<p>A review of the Face Sheet revealed Resident #44 was admitted to the facility on [DATE] with diagnoses that included Peripheral vascular disease and Cerebral infarction.</p> <p>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/26/2024 Section C ,revealed a Brief Interview for Mental Status (BIMS) score of 08, indicating Resident #44 is moderately cognitively impaired.</p>

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  08/15/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>47158</p> <p>Based on record review, staff interview, and facility policy review the facility failed to ensure that a fluid restriction was followed for one (1) of five (5) residents on fluid restrictions. Resident #11.</p> <p>Findings included:</p> <p>Record review of facility policy Fluid Restriction with the latest review date of 02/22 revealed Policy: Fluids will be restricted for residents as directed by physician orders .Fluid Restriction 1000 cc's (cubic centimeters), Total Nursing 300 cc's, By Shift 120cc's day, 90 cc's evening (eve), 90 cc's night (noc). Total Dietary 700 cc's .</p> <p>Record review of August 2024 Active Orders for Resident #11 revealed Fluid Restriction 960 Milliliters (ML) per day with an onset date of 3/10/23.</p> <p>Record review of August 2024 Electronic Medical Record (EMAR) for Resident #11 revealed that Resident #11 received more than 960 cc's of fluid per day for nine (9) of 13 days from 8/1/24 through 8/13/24. (8/1/24, 8/2/24, 8/5/24, 8/6/24, 8/7/24, 8/8/24, 8/9/24, 8/11/24, and 8/12/24).</p> <p>In an interview with the Dietary Manager on 8/14/24 at 1:08 PM, she stated that Resident #11 was on a 1000 milliliter (ml) a day fluid restriction. She stated that the facility follows the fluid restriction policy that breaks down how much fluid nursing and dietary are to provide each shift. The Dietary Manager stated that the facility was following the fluid breakdown for a 1000 ml a day fluid restriction and that dietary provides (1) four (4) ounce (oz.) cup of fluid on each tray. (4) oz. equals 120 ml.</p> <p>During an interview with Licensed Practical Nurse (LPN) #1 on 8/14/24 at 1:34 PM, she stated that Resident #11 was on a 1000 ml/day fluid restriction. When asked how she knew how much fluid the resident was to receive on her shift she stated that dietary provided a (4) oz. cup of fluid on each tray, and she provided a (4) oz. cup of fluid during each med pass. LPN #1 verified that she gives Resident #11 (2) four ounce cups of fluid on her shift.</p> <p>An interview with the Director of Nursing (DON) on 8/14/24 at 1:45 PM, she verified Resident #11 should be on a 960 ml per day fluid restriction not a 1000 ml per day fluid restriction. The DON verified that documentation on the EMAR did reflect that the resident received more than 960 ml per day on nine (9) out of 13 days in August 2024. She stated that failure to follow the fluid restriction for Resident #11 could lead to fluid overload.</p> <p>Record review of the Face Sheet for Resident #11 revealed that the facility admitted him on 3/10/23 with a diagnoses that included End Stage Renal Disease.</p>

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  08/15/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>46013</p> <p>Based on record review and staff interview, the facility's Quality Assessment and Assurance Committee (QAA) failed to maintain implemented procedures and monitor the interventions the committee put in place following the recertification survey on 4/6/2023 and the complaint survey on 6/26/2024. This was for deficiency recited during a recertification on 8/15/2024 in the area of F677 Activities of Daily Living (ADL). The continued failure of the facility during three State Surveys of record shows a pattern of the facility to sustain an effective QAA program. This was for one (1) of seven (7) deficient practice citations.</p> <p>Findings Included:</p> <p>This citation is cross-referenced to: F677</p> <p>Review of the facility policy titled QAPI Performance Improvement Project (PIP) with a revision date of 11/22 revealed, The QA Committee annually prioritizes activities, endorses or re-endorses policies and procedures, and continually monitors for improvement through the use of a QAPI self-assessment. In addition, the QA Committee will implement any PIP topics as indicated through data analysis. PIPs are implemented in accordance with CMS' protocol for conducting PIPs, including: 1. Measurement of performance using objective quality indicators. 2. Implementation of system interventions to achieve improvement in quality based on Root Cause Analysis. 3. Evaluation of the effectiveness of the interventions. 4. Plan and initiation of activities for increasing or sustaining improvement.</p> <p>An interview with the Administrator (ADM) on 08/15/24 at 10:05 AM revealed she was not aware that the resident's Activities of Daily Living (ADL) were not being done and was a concern for the facility again. She revealed after we were cited for ADLs during our annual survey last year and again cited on a complaint survey this year, the Interdisciplinary Team (IDT) discussed those in Quality Assurance Performance Improvement (QAPI), which involved our Medical Director, and we put measures in place, with monitoring to ensure this would be resolved but obviously something is wrong if this is a continued issue, and our plan is not working.</p> <p>(continued on next page)</p>		

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  08/15/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Facility's Plan of Correction (POC) dated 5/5/23 revealed under, 3. All Licensed Practical Nurses, Registered Nurses and Certified Nursing Assistants were in-serviced on the policy Nail Care on 04/13/23, 04/18/23 &amp; 04/19/23 by the Director of Nursing. Orders were written for nail care and placed on the Electronic Medical Administration Record (EMAR) for nurses to check and initial weekly to assure that proper nail care is being done on all residents. 4. Nail care has been added to all resident's EMAR. Licensed Practical Nurses or Registered Nurses will assess all fingernails weekly and clean and trim as indicated. The Registered Nurse Supervisor will monitor nail care five times a week while making daily rounds. The Director of Nursing will monitor the EMAR weekly for four weeks and then monthly for two months. Monitoring began on April 7, 2023. The director of Nurses will report any concerns to the Quality Assurance Committee. The Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee weekly for four weeks and then quarterly. The Quality Assurance Committee met with the Medical Director on April 10, 2023, post annual State Survey to review potential tags. The Medical Director will meet with the Quality Assurance Committee on May 2, 2023 to review/approve the Plan of Correction for the actual tags. The Quality Assurance Committee will monitor quarterly for one year until the deficient practice is resolved and will make revisions and/or corrections when needed to current plan of corrections.</p> <p>Record review of the Facility's Plan of Correction (POC) dated 7/2/24 revealed under, 3. All nursing staff were in-serviced on the policy Activities for Daily Living and the importance of following the residents care plans on June 26, 27, 28, 29 and July 1, 2024 by the Director of Nursing, Staff Development/Infection Preventionist and Staff Nurse. All Staff will be in-serviced four times per year and as needed on Activity of Daily Living including incontinent care, good nutrition, grooming, personal and oral hygiene by Staff Development. The Director of Nursing, Staff Development/Infection Preventionist and Nursing Supervisors will make random rounds on eight residents daily for two weeks, then two times a week for two weeks. An emergency Quality Assurance meeting on June 28, 2024 was held with the Medical Director for approval of Plan of Correction. Any problems will be placed on a Quality Improvement form and weekly in the Department Head Meeting until resolved. 4. The Administrator will report to the Quality Assurance Committee quarterly. The Quality Assurance Committee will monitor quarterly until the deficient practice is no longer an issue and will make revisions and/or corrections when needed.</p>		

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  08/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47157</p> <p>Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) for a resident with a peripherally inserted central catheter (PICC) for intravenous antibiotic therapy on two (2) of five (5) care area observations requiring enhanced barrier precautions. (Resident # 157).</p> <p>Findings include:</p> <p>A review of the facility policy titled, Enhanced Barrier Precautions, revised 03/24, revealed .Indwelling medical device examples include central lines . A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP .</p> <p>During entrance rounds on 8/13/24 at 12:00 PM, an observation revealed Registered Nurse (RN)/ Treatment nurse hanging a bag of intravenous (IV) fluids to Resident #157 right upper arm access device. The RN/Treatment nurse was not observed to be wearing a gown for enhanced barrier precautions, and there were no signs observed in the resident's room or on the doorway to alert staff of enhanced barrier precautions.</p> <p>Record review of the Physician Orders List revealed an order dated 7/23/24 for ceftriaxone 2-gram solution for injection: Administer 2 mg (milligrams)/100 milliliter(s) intravenous once daily until 8/18/2024. d/c (discontinue) PICC midline catheter care after last dose of IV antibiotic .</p> <p>In an observation on 8/14/24 at 12:35 PM, revealed an enhanced barrier sign observed on the outside doorway to Resident #157's room. Observed the RN Supervisor enter Resident #157's room to administer ceftriaxone intravenous (IV) solution via the PICC line. The RN Supervisor was observed connecting the IV tubing to the resident's right upper arm PICC line access device. The RN Supervisor did not put on a gown for enhanced barrier precautions before the procedure. Upon exiting the room, the RN Supervisor was asked if Resident #157 was on enhanced barrier precautions. She stated yes and pointed to the enhanced barrier precaution sign on the outer doorway of Resident #157's room. She then confirmed that she did not use enhanced barrier precautions while hanging Resident 157's IV antibiotics via his PICC line.</p> <p>In an interview with the Infection Control Nurse on 8/14/24 at 1:04 PM, she revealed she was unaware Resident #157 had a PICC line. She confirmed the resident should be on enhanced barrier to reduce the risk of transmission of bacteria while providing care to the PICC line device.</p> <p>An interview with RN/Treatment nurse on 8/14/24 at 1:18 PM, she confirmed she hung the IV antibiotics on 8/13/24 around noon, she confirmed there was no enhanced barrier sign on the doorway on 8/13/24 and that she did not use enhanced barrier precautions because she was unable to find a gown. She revealed she was aware that she should have followed the enhanced barrier precautions because Resident #157 had a PICC line device.</p> <p>During an interview with the Resident #157 on 8/14/24 at 1:50 PM, he revealed that he has only seen staff wear a gown a couple of times to hang his IV medications.</p> <p>(continued on next page)</p>		

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  08/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/14/24 at 2:00 PM, in an interview with the Director of Nursing she confirmed staff should have been using enhanced barrier precautions while administering the IV antibiotics for Resident #157's through his PICC line device.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #157 key on 7/23/24 with diagnoses that included Osteomyelitis of vertebra, lumbar region.</p>		