STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255280	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camellia Estates	1714 White Street McComb, MS 39648

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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48669 Based on observation, interviews, and record review, the facility failed to ensure that dietary staff supported the nutritional well-being of residents while respecting an individual's right to make choices about their diet for one (1) of thirteen (13) sampled residents reviewed for food preferences. (Resident #169) Findings included: On 11/12/2024 at 10:50 AM, during an interview, Resident #169 stated his primary concern about the facility was the type of food he was being served. He reported that his doctor instructed him to follow a high-protein and low-carbohydrate diet. However, he stated that since being in the facility, he was served more carbohydrates than protein. He indicated that he had complained to the Dietary Manager, leading to a temporary change, but the facility reverted to serving high-carbohydrate meals. He expressed concern that this could negatively impact his health. On 11/13/2024 at 12:10 PM, during a follow-up interview and an observation, Resident #169 described his meals for the day. He reported having pancakes, eggs, and grits for breakfast and stated that he would not eat both buns of the hamburgers served for lunch and did not want the banana pudding because he is diabetic, and it would raise his blood sugar levels. An observation of the lunch meal on 11/13/2024 revealed that Resident #169 was served two hamburgers, French fries, and banana pudding. On 11/13/2024 at 1:11 PM, during an interview, the Dietary Manager confirmed that Resident #169 had expressed his preference for high-protein and low-carbohydrate meals, which she understood to be part of the doctor's orders due to surgical incisions. She admitted that the resident's breakfast and lunch meals did not align with his meal ticket and acknowledged that her staff did not consistently follow the preferences listed for Resident #169. She attributed this inconsistency to staff not understanding high-protein diets. On 11/14/2024 at 8:20 AM, during an interview, the Administrator confirmed the facility had failed to honor Resident #169's food preferences but stated it was the facility's goal to meet his and all residents' preferences. A record review of the Admission Record revealed that the facility admitted Resident #169 on 10/31/2024 with diagnoses that included Fusion of Cervical Spine, Essential Hypertension, and Type 2 Diabetes Mellitus. (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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/6/24 revealed Resident #169 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact. A record review of the Registered Dietitian (RD) assessment dated [DATE] for Resident #169 revealed, Nutrition Diagnosis: 1.) Increased energy needs R/T (related to) surgical wounds .2.) Inadequate energy/protein intake .Interventions: Recommend 1.) Increase protein portions to large at meals TID (three times a day). 2.) 30 mL (milliliters) Liquid protein daily for 30 days. Record review of Resident #169's tray card dated 11/13/24 revealed Diet Order: CCD/NAS (Consistent Carbohydrate Diet/No Added Salt) High Protein .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41680 Based on observations, staff interviews, record reviews, and facility policy reviews, the facility failed to ensure food items were stored in accordance with professional standards for food safety, as related to food items not being labeled and dated for one (1) of two (2) kitchen observations. Findings included: A review of the facility's policy titled, Food Storage Labeling with a revision date of 5/18, revealed The facility will ensure the safety and quality of food by following good storage and labeling procedures. Procedure: 1. Labeling a. All temperature controlled foods and ready to eat foods that are prepared in the facility and held for longer than twenty-four hours will be labeled. Information included on the label: Name of the Food .Date of storage . 3. Rotation a. First In, First Out method is used to rotate food in all storage areas .Identify the food item's use by date or expiration date. Store items with the earliest use-by or expiration date in front of items with later dates . On 11/12/2024 at 10:10 AM, during an observation of the initial tour of the kitchen with the Dietary Manager, several items in the stockroom and kitchen were noted to lack open dates. These items included a six (6) pound container of rainbow sprinkles, a 16-ounce container of red shade pure food color, a 48-ounce container of Real Lemon 100% juice, a one-half (1/2) gallon of buttermilk labeled Wholesome, a clear container of seasoning salt without a date or item description, and a 32-ounce container of imitation vanilla flavor. All items were open with no open dates on the packages or containers. On 11/13/2024 at 11:47 AM, during an interview, the Dietary Manager explained that staff are required to date all open items in the kitchen. She stated that dating items indicates their shelf life and helps prevent potential outbreaks. She further stated that it is her responsibility to ensure staff adhere to this practice and that she has conducted in-service training on the importance of dating open items.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680 Based on observations, staff interviews, record reviews, and facility policy reviews, the facility failed to follow infection control practices by not implementing Enhanced Barrier Precautions (EBP) for a resident at high risk for multidrug-resistant organisms (MDRO) (Resident #3) and failed to practice hand hygiene during care for five (5) of thirteen (13) sampled residents (Residents #3, #11, #68, #70 and #216). Findings included: A review of the facility's policy titled, Suprapubic Catheter Site Care, revised 01/2024, revealed, Purpose * To maintain catheter patency. * To keep area clean and prevent infection . Procedure . 4. Perform hand hygiene and apply clean gloves . A review of the facility's policy titled, Hand Hygiene, dated 08/21, revealed, Purpose *To cleanse hands to prevent transmission of infection or other conditions. *To provide clean, health environment for residents, staff and visitors . Procedure . Indications for Hand Washing . 3. Before and after procedures. 4. Before and after applying gloves . A review of the facility's titled, 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 may 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 for MDRO acquisition (e.g., residents with wounds or indwelling medical devices) . Resident #3 An observation of sacral wound care on 11/13/2024 at 10:31 AM, revealed that during care by Registered Nurse (RN) #1 and the Physical Therapist Assistant (PTA), neither RN #1 nor the PTA donned (put on) a gown prior to providing care. On 11/13/24 at 10:41 AM, during an interview, Registered Nurse (RN) #1 confirmed that neither she nor her assistant wore gowns while providing care. When asked if Resident #3 required EBP, RN #1 stated, No, we don't have anyone in the facility on that. On 11/13/2024 at 11:20 AM, during an interview, Licensed Practical Nurse (LPN) #2, the Infection Prevention (IP), explained residents are usually placed on contact or isolation precautions for infections, but she had just been informed by RN #1 that EBP included residents with catheters, Percutaneous Endoscopic Gastrostomy (PEG) tubes, and chronic wounds. She was unable to recall if staff had received training regarding EBPs. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 11/13/2024 at 12:15 PM, during an interview, the Director of Nursing (DON) stated that Resident #3 required the use of EBP, which the facility had not instituted. She explained that anyone performing close contact care with Resident #3 should wear a gown and gloves in accordance with EBP guidelines. She stated that an in-service was conducted by the facility in March when the Centers for Medicare and Medicaid Services (CMS) recommended the use of EBP, and it was her expectation that staff would follow these guidelines. She emphasized that not following them placed residents at increased risk for MDROs. A record review of the Admission Record for Resident #3 revealed that the facility admitted the resident on 09/19/24. The resident had admission diagnoses that included Pressure Ulcer of Sacral Region, Stage 2 and Pressure Ulcer of Other Site, Unstageable. Resident #11: On 11/13/24 at 2:48 PM, during an observation of PEG tube site care provided by LPN #1, revealed LPN #1 removed the soiled dressing and proceeded to clean the site. LPN#1 did not remove her soiled gloves, perform hand hygiene, and apply clean gloves before cleaning the site. During an interview on 11/13/24 at 2:55 PM, LPN #1 confirmed that she did not remove her gloves, wash her hands, or apply clean gloves before cleaning the site. She acknowledged her actions could potentially cause the resident to develop an infection. A record review of Resident #11's Admission Record revealed the facility admitted the resident on 09/23/24. The resident had diagnoses that included Parkinsonism, Dementia, and Dysphagia. Resident #68: During an observation of perineal care on 11/12/24 at 11:12 AM, with Certified Nursing Assistant (CNA) #1 revealed CNA #1 entered the room holding one pair of gloves. She did not perform hand hygiene before donning gloves, closing the privacy curtain, adjusting the bed with the remote control, and retrieving a pack of wipes from the dresser. She then proceeded with care without washing her hands. During an interview on 11/12/24 at 11:18 AM, CNA #1 admitted she did not think about washing her hands upon entering the room. She stated she performed hand hygiene in the hallway before entering but confirmed that she did not perform hand hygiene after touching the door, privacy curtains, and bed remote. CNA #1 acknowledged that her actions could result in cross-contamination, potentially causing an infection. A record review of Resident #68's Admission Record revealed an admitted [DATE] with diagnoses that included a Urinary Tract Infection (UTI), Nausea and Vomiting, and Encounter for Palliative Care. Resident #70: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation of perineal care on 11/13/24 at 11:03 AM, with CNA #1 revealed CNA #1 entered the room, washed her hands, and donned a pair of gloves. During the care, she retrieved pre-moistened wipes from a container four times, touching the container with soiled gloves. She then placed the container on the resident's bedside table. After cleaning the resident, CNA #1 applied barrier cream to the resident's perineal area and buttocks while wearing the same soiled gloves. She later changed her gloves but did not perform hand hygiene before applying clean gloves. During an interview on 11/13/24 at 11:15 AM, CNA #1 confirmed she had received training and understood that she should not touch objects with dirty gloves and should wash her hands before applying clean gloves. Record review of the Admission Record revealed Resident #70 was admitted to the facility on [DATE] with diagnoses that included Urinary tract infection and Type 2 Diabetes Mellitus. Resident #216 On 11/13/2024 at 1:21 PM, during an observation, LPN #3 was observed providing suprapubic catheter care for Resident #216. LPN #3 failed to remove or change her gloves during the entire procedure. She removed the soiled dressing, placed it in the biohazard container, cleaned the site, and applied a new dressing while wearing the same gloves. On 11/13/2024 at 1:25 PM, during an interview, LPN #3 confirmed that she did not remove or change her gloves during the procedure. She acknowledged placing the soiled dressing in the biohazard trashcan in Resident #216's room and then touching the suprapubic catheter site with the same gloves. She agreed this was a break in infection prevention protocol. A record review of the Admission Record, revealed the facility admitted Resident #216 on 10/30/24. The resident had diagnoses that included Sepsis due to Methicillin-Resistant Staphylococcus Aureus (MRSA). with diagnoses including Sepsis due to methicillin-resistant Staphylococcus aureus (MRSA). On 11/13/2024 at 2:10 PM, during an interview LPN #2/Infection Preventionist (IP) verified staff are expected to follow infection prevention guidelines by changing gloves each time they are soiled and performing hand hygiene before applying new gloves. She stated that failing to do so could increase infection rates in the facility. On 11/13/2024 at 2:21 PM during an interview, the Director of Nursing (DON) stated that her expectation was for staff to clean their hands and change gloves after removing soiled dressings. She further explained that not doing so could increase the risk of infections such as UTIs and other complications due to cross-contamination. 44179 50751