

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>48669</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure residents' rights for respect and dignity, as evidenced by staff entering resident rooms and providing care while using personal cell phones and wearing earbuds, which residents described as rude and disrespectful. This deficient practice affected two (2) of 18 sampled residents, Resident #4 and Resident #43.</p> <p>Findings Included:</p> <p>A review of the facility's policy, Resident's Rights, dated 3/24, revealed, Every resident in this facility has the right to .12. Be treated courteously, fairly and with the fullest measure of dignity .</p> <p>Resident #4</p> <p>On 5/8/25 at 9:28 AM, during an interview with Resident #4, she confirmed her concerns shared during the Resident Council meeting and explained that staff often entered her room while on the phone or wearing earbuds. She stated that she felt this was disrespectful and rude.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #4 on 3/11/21 with diagnoses including Unspecified Atrial Fibrillation.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/10/25 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.</p> <p>Resident #43</p> <p>On 5/8/25 at 9:28 AM, during an interview with Resident #43, she explained that staff frequently entered her room while using phones or earbuds, which she found disrespectful.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #43 on 3/13/24 with diagnoses including an Unspecified Fracture of Sacrum.</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:<br><br>255291   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A record review of the Comprehensive MDS with an ARD of 2/21/25 revealed Resident #43 had a Brief Interview for Mental Status (BIMS) score of 12, indicating her cognition was moderately impaired.</p> <p>On 5/8/25 at 11:50 AM, during an interview with the Director of Nursing (DON), she explained that she had provided multiple in-services on this issue. She stated that staff should not wear earbuds in resident rooms and acknowledged that it could be irritating to the residents.</p> <p>On 5/8/25 at 12:13 PM, during an interview with the Administrator, she explained that she had also in-serviced staff multiple times regarding not wearing earbuds. She stated that she was unaware the issue was still occurring and emphasized that residents should be given undivided attention because their rooms are their homes.</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident receives an accurate assessment.</p> <p>48669</p> <p>Based on interview, record review, and facility policy review, the facility failed to accurately code antipsychotic medications on the Minimum Data Set (MDS) for one (1) of eighteen (18) sampled residents, Resident #17.</p> <p>Findings included:</p> <p>A review of the facility's policy, Resident Assessment, revised 9/19, revealed, An assessment will be completed on each resident utilizing the MDS .The Registered Nurse is responsible for the completion of the assessment. The completed assessment guide the staffing in identifying key information about the resident and serves as a basis for identifying resident specific issues and objectives in order to develop a care plan. This process assists the resident in reaching the highest practical physical, mental and psychosocial well-being .</p> <p>A record review of the Admission Record revealed the facility admitted Resident #17 on 4/23/21 and she had current diagnoses including Schizoaffective Disorder.</p> <p>A record review of the Comprehensive MDS with an Assessment Reference Date (ARD) of 2/10/25, revealed Resident #17 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated her cognition was moderately impaired. Further review revealed Section N (Medications) indicated that she was not taking an antipsychotic medication.</p> <p>A record review of the Order Review History Report revealed Resident #17 had a Physician's Order, dated 11/21/24, for Abilify 2.5 milligrams (mg) at bedtime.</p> <p>A record review of the Medication Administration Record (MAR) for February 2025, revealed Resident #17 was administered Abilify 2.5 mg at bedtime during the MDS lookback period.</p> <p>A record review of the web page Drugs.com indicated the Drug Class of Abilify is Atypical antipsychotics.</p> <p>On 5/8/25 at 10:13 AM, during an interview with Licensed Practical Nurse (LPN) #1, who also served as the Minimum Data Set (MDS) nurse, she confirmed that completing the MDS for residents was part of her responsibilities. Upon reviewing the physician's order for Resident #17, she acknowledged that while an antipsychotic medication was ordered, it was not coded on the MDS. She stated this was an error.</p> <p>On 5/8/25 at 10:19 AM, during an interview with Registered Nurse (RN) #1, who also functioned as an MDS nurse, she explained that a Utilization Review of the MDS was conducted prior to submission to ensure accuracy. However, upon reviewing the physician's order from 11/21/24 for the antipsychotic medication for Resident #17, RN #1 acknowledged the current MDS did not reflect this order and confirmed that it was an error requiring correction.</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>41680</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure incontinent residents received appropriate care and services to prevent the possibility of urinary tract infection for two (2) of two (2) residents reviewed for perineal care, Resident #20 and Resident #38.</p> <p>This deficiency was also cited on the last Recertification Survey, therefore the scope/severity was increased to E representing a pattern.</p> <p>Findings included:</p> <p>A review of the facility's policy, Perineal Care, revised 1/24, revealed, Purpose to cleanse the perineum, eliminate odor, prevent irritation and to enhance the resident's dignity and self-esteem . Female-without catheter .5. Wash genital area, moving from front to back, while using a clean portion of the washcloth or pre-moistened wash wipe for each stroke . Male without catheter .5. Using the other hand gently cleanse from the tip to the base of the penis. Use a clean portion of the washcloth or pre-moisturized wash wipe after each stroke .</p> <p>Resident #20</p> <p>A record review of Resident #20's Admission Record revealed the facility admitted the resident on 1/11/21 with diagnoses including Hypertension.</p> <p>A record review of Resident #20's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 5, which indicated her cognition was severely impaired. Further review revealed she was dependent upon staff for toileting hygiene.</p> <p>On 5/5/25 at 1:55 PM, during an observation of perineal care for Resident #20, Certified Nursing Assistant (CNA) #3 removed Resident #20's pants and brief and began care by wiping only the groin area on each side of the vagina. She did not wipe the vaginal area while providing the care.</p> <p>On 5/5/25 at 2:14 PM, during an interview with CNA #3, she acknowledged that she did not give proper perineal care and stated Resident #20 could get a urinary tract infection by not cleaning the perineal area appropriately. She explained she was supposed to clean both sides and the center of the vaginal area for Resident #20.</p> <p>Resident #38</p> <p>A record review of Resident #38's Admission Record revealed the facility admitted him on 4/5/24 and he had current diagnoses including Dementia.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A record review of Resident #38's Quarterly MDS with an ARD of 4/18/25 revealed he required a staff assessment for Mental Status and his cognitive skills for daily decision making were severely impaired. Further review revealed he was dependent upon staff for toileting hygiene.</p> <p>On 5/7/25 at 1:20 PM, an observation revealed CNA #2 providing perineal care to Resident #38. CNA #2 removed the resident's brief and wiped the entire penis several times using the same wipe. She folded the wipe one time during perineal care. She did not clean the penis from the tip to the base, using a clean portion of the pre-moisturized wipe after each stroke.</p> <p>On 5/7/25 at 2:13 PM, during an interview with CNA #2, she acknowledged that she did not perform perineal care correctly because she did not clean the penis by starting at the tip and using a clean wipe for each stroke.</p> <p>On 5/7/25 at 3:50 PM, during an interview with the Licensed Practical Nurse (LPN)/Infection Preventionist (IP), she stated CNA #3 should have cleaned both sides and the center of the vagina for Resident #20 and CNA #2 should have cleaned the penis from the tip down using a clean wipe each time for Resident #38. She explained that Resident #20 and Resident #38 could develop a urinary tract infection (UTI) or other infection due to the improper care they received.</p> <p>On 5/7/25 at 4:00 PM, during an interview with the Director of Nursing (DON), she stated CNA #3 should have wiped the vaginal area down both sides and the center for Resident #20 and CNA #2 should have cleaned the penis from the tip downward, folding the wipe or using a clean one each time for Resident #38. She stated that improper care could result in skin breakdown and expressed that she expects staff to perform peri-care and all resident care correctly.</p> <p>52128</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(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>41680</p> <p>Based on record review, staff interview, and facility policy review, the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to sustain corrective actions to prevent recurrence of previously cited deficiencies, specifically, the facility was cited for failing to ensure an incontinent resident received appropriate care and services to prevent the possibility of a urinary tract infection and failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of infection during an annual recertification survey on 11/2/2023. The facility was cited again for the same deficiencies during the current survey, demonstrating that QAPI failed to sustain ongoing monitoring and oversight to prevent recurrence for two (2) of five (5) deficiencies cited. F690 and F880</p> <p>Findings included:</p> <p>A review of the facility's policy, Quality Assurance Performance Improvement Program (QAPI) with a revision date of 11/22 revealed, This facility shall develop, implement, and maintain an effective, comprehensive, data driven Quality Assurance Performance Improvement (QAPI) program that focuses on indicators of the outcome of care and quality of life. The facility shall have in place a system that continuously strives to improve the quality of care and services received by residents in this facility. This will be achieved through quality management. Quality management will be a systematic, pro-active process of accessing, controlling and improving outcomes. The system will focus on both health care outcomes and operational efficiency .</p> <p>Record review of the Provider History Profile revealed the facility received a citation for F690-Bowel/Bladder Incontinence, Catheter, UTI (Urinary Tract Infection) and F880-Infection Prevention &amp; Control on the survey dated 11/2/2023.</p> <p>Record review of 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), with a survey date of 11/02/2023, revealed the facility received a citation for F690, .Based on observation, interviews, record review, and facility policy review, the facility failed to ensure an incontinent resident received appropriate care and services to prevent the possibility of a urinary tract infection . and for F880, .Based on observation, interviews, record review, and facility policy review, the facility failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of infection .</p> <p>During the current recertification survey, the facility failed to ensure incontinent residents received appropriate care and services to prevent the possibility of urinary tract infection for two (2) of two (2) residents reviewed for perineal care and failed to follow infection control practices during the provision of perineal care for two (2) of two (2) residents observed for perineal care.</p> <p>On 5/8/25 at 11:47 AM, during an interview with the Director of Nursing (DON), she confirmed the facility was cited for the same deficient practices on the previous survey that was identified during the current survey.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(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>On 05/08/25 at 2:00PM, in an interview, the Nursing Home Administrator (NHA) explained that she is aware of the previous annual survey citations, and the facility has new staff, and part-time staff could have played a part in the repeat citations.</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(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 - Some</p>                    | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680</b></p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to follow infection control practices during the provision of perineal care for two (2) of two (2) residents observed for perineal care, Resident #20 and Resident #38, as evidenced by not performing hand hygiene, using gloves inappropriately stored in pockets, continuing care with soiled gloves, and retrieving wipes from the packet with contaminated gloves, placing residents at risk for cross-contamination and infection.</p> <p>This deficiency was also cited on the last Recertification Survey, therefore the scope/severity was increased to E representing a pattern.</p> <p>Findings included:</p> <p>A review of the facility's policy, Infection Prevention and Control Program, revised 8/21, revealed, This facility has developed and maintains an infection prevention and control program that provides a safe, sanitary and comfortable environment to help prevent the development and transmission of infection .</p> <p>A review of the facility's policy, Hand Hygiene, revised 1/24, revealed, .Cleanse hands to prevent transmission of infection or other conditions . Indications for Hand Washing .2. Hand hygiene should be performed between all contact with residents or when entering and exiting a resident's room [ROOM NUMBER]. Before and after procedures. 4. Before and after applying gloves. 5. When hands are visibly soiled .Selecting Hand Washing Method .2. When to wash with soap and water .d. When hands are visibly contaminated with blood or bodily fluids .</p> <p>Resident #20</p> <p>A record review of Resident #20's Admission Record revealed the facility admitted the resident on 1/11/21 with diagnoses including Hypertension.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/25 revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident's cognition was severely impaired.</p> <p>On 5/5/25 at 1:55 PM, during an observation of perineal care for Resident #20, Certified Nursing Assistant (CNA) #3, assisted by CNA #1, was observed removing gloves from her pocket and applying them without first performing hand hygiene. CNA #3 also handed a pair of gloves to CNA #1, who applied them without washing her hands. CNA #3 then began providing care to Resident #20, who was visibly soiled with feces. During care, CNA #3 moved from dirty to clean areas without removing gloves or washing her hands. She verbalized awareness by stating she should have changed gloves and performed hand hygiene, but continued care without doing so. CNA #3 applied a clean brief while wearing soiled gloves and was observed removing perineal wipes from the package twice with contaminated gloves.</p> <p>(continued on next page)</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255291  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>05/08/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Copiah Living Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>806 West Georgetown Street<br>Crystal Springs, MS 39059 |  |
| 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<br>(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 - Some</p>                    | <p>On 5/5/25 at 2:14 PM, during an interview with CNA #3, she acknowledged she should not have stored gloves in her pocket or removed wipes from the pack with soiled gloves. She admitted she should have washed her hands before beginning care and during care. She acknowledged she had not provided proper perineal care and stated that the resident could develop a urinary tract infection as a result.</p> <p>On 5/6/25 at 1:18 PM, during an interview with CNA #1, she confirmed she applied gloves taken from CNA #3's pocket without washing her hands. She acknowledged this was an infection control issue and that gloves should not be stored in pockets, and hand hygiene should be performed prior to donning gloves.</p> <p>Resident #38</p> <p>A record review of Resident #38's Admission Record revealed the facility admitted the resident on 4/5/24 with diagnoses including Dementia.</p> <p>A record review of the Quarterly MDS with an ARD of 4/18/25 revealed the resident required a staff assessment for mental status and was documented as having severely impaired cognitive skills for daily decision making.</p> <p>On 5/7/25 at 1:20 PM, during an observation of perineal care for Resident #38, CNA #2 was observed touching the bed remote control with gloved hands prior to starting care. She continued care by cleaning feces from the resident and removed additional wipes from the package using soiled gloves.</p> <p>On 5/7/25 at 2:13 PM, during an interview with CNA #2, she acknowledged her actions during care were incorrect. She confirmed that retrieving wipes with soiled gloves could contribute to infection and skin breakdown.</p> <p>On 5/7/25 at 3:50 PM, during an interview with the Licensed Practical Nurse (LPN)/Infection Preventionist, she confirmed that hand hygiene should be performed before starting care and gloves should never be stored in pockets. She stated CNA #2 should not have touched the bed remote or pulled wipes from the package with soiled gloves. She acknowledged that both Resident #20 and Resident #38 were at risk of developing urinary tract infections or other complications from improper care.</p> <p>On 5/7/25 at 4:00 PM, during an interview with the Director of Nursing (DON), she confirmed CNAs are expected to wash hands prior to providing care and should not store gloves in pockets. She acknowledged that the improper perineal care observed placed residents at risk for infection and skin breakdown.</p> <p>52128</p> |  |  |