STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44804 Based on observation, staff interview, record review and facility policy review, the facility failed to ensure a resident's privacy during a bed bath for one (1) of 17 residents sampled. Resident #33 Findings Include: Review of the facility policy titled, Privacy with an effective date of 11/30/14 and no revision date revealed, Policy .It is the policy of The Company to give all residents the opportunity for privacy .Procedure: #2 Residents privacy will always be respected. An observation on 06/03/24 at 10:25 AM, revealed Resident #33 lying in bed uncovered with only a brief on and the privacy curtain was not pulled between her and Unsampled Resident #40 (roommate). Certified Nurse Assistant (CNA) #2 was at the resident's bedside and did not announce patient care when the State Agent (SA) knocked on the resident's room door for entry. This observation revealed the resident was receiving a bed bath. Resident #33 was yelling randomly, difficult to understand and unable to answer questions. Record review of Resident #33's Admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Moderate Intellectual Disabilities and Pseudobulbar Affect. An interview on 06/03/24 at 2:20 PM, with CNA #2 confirmed she did not have the privacy curtain pulled between Resident #33 and her roommate while she gave her a bed bath this morning. She admitted the curtain should have been pulled for the resident's dignity and privacy. An interview on 6/4/24 at 9:29 AM, with CNA #3 confirmed that the privacy curtain should be pulled when you are giving a resident a bed bath just in case someone walks in the room or to give privacy between roommates. She stated it provides the resident with the dignity of privacy from people seeing their private areas. An interview on 06/04/24 at 09:39 AM, with the Director of Nurses (DON) confirmed that a privacy curtain should be pulled for any type of care provided to a resident not just bed baths. She stated it was important to provide the residents with dignity and privacy and that was a big pet peeve of mine and nursing 101. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #33's Minimum Data Set (MDS) with an Assessment Reference Date (ARD)of 5/10/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 03, which indicates the resident is severely cognitively impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 47874 Based on observation, resident and staff interviews, and facility policy review, the facility failed to provide a resident with a wheelchair in good repair as evidenced by torn and tattered arm rest and a broken wheelchair brake for one (1) of 17 sampled residents. Resident #16 Findings Include: Review of the facility policy titled Maintenance with an effective date of 11/30/2014 revealed, Policy: The facility's physical plant and equipment will be maintained through a program of preventative maintenance and prompt action to identify areas/items in need of repair .Procedure: All employees will report physical plant areas or equipment in need of repair or service to their supervisor . An observation and interview with Resident #16 on 6/3/2024 at 10:39 AM, revealed him sitting in a wheelchair in his room. The resident explained that his wheelchair brake was broken and had been broken for some time. The right brake was hanging down loosely and would not fasten to secure the wheel in place. The right arm rest was tattered and torn on the edges, with black foam exposed. An observation and interview on 6/4/2024 at 9:40 AM, with the Maintenance Director revealed he was not aware that Resident #16's wheelchair was in disrepair. He explained that he was responsible for making rounds and ensuring that resident equipment was in good working order. He confirmed that the resident needed a new armrest and voiced the brake could be repaired. An interview with the Director of Nursing (DON) on 6/4/2024 at 9:43 AM, revealed the aides wash and clean the wheelchairs at night and were responsible for notifying the Maintenance Director either verbally or by leaving a note of resident equipment in disrepair. She confirmed resident equipment should be in good working condition. Record review of the Admission Record revealed the facility admitted Resident #16 on 10/19/2023 with a medical diagnosis of Hemiplegia and Hemiparesis following Cerebrovascular Disease affecting the right dominant side.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 47874 Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to honor a resident's choice for salt with meals for one (1) of twenty-four residents included in the initial pool. Resident #45 Findings Include: Review of the facility policy titled Resident Rights with an effective date of 11/30/2014 revealed, Policy: The facility will ensure that the resident is not deprived of his/her rights An observation and interview with Resident #45 on 6/3/2024 at 10:46 AM, revealed him lying in bed. The resident voiced that he had asked staff several times for salt with his meals, but they would not allow it because he had high blood pressure. He revealed he could not eat the food without some salt for flavor. Record review of Resident #45's Order Summary revealed an order, NAS (No Added Salt) diet . An interview with the Dietary Supervisor #1 on 6/4/2024 at 1:14 PM, confirmed Resident #45 had a physician's order for a No Added Salt (NAS) diet; therefore, he would not be given salt on his tray or if he requested it to add to his food. She revealed that she had spoken to the resident a couple of times because he was requesting salt. She explained that she educated him that he could not have it due to his diagnosis of high blood pressure and potential outcomes such as swelling. An interview with the Director of Nursing (DON) on 6/4/2024 at 3:16 PM, revealed Resident #45 had the right to request and be given salt with his meals. She stated she was not aware that the resident requested salt, and acknowledged he could have signed a waiver. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/31/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 14, which indicates Resident #45 was cognitively intact. Record review of the Admission Record revealed the facility admitted Resident #45 on 12/30/22 with a medical diagnosis of Peripheral Vascular Disease and Essential (Primary) Hypertension.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878 Based on staff interviews, record review, and facility policy review, the facility failed to ensure Advanced Directive for code status preference was discussed and completed by the resident's representative for one (1) of 24 residents in initial pool. Resident #22 Findings include: Record review of the facility policy titled, Advanced Directives, with revision date of 11/14/18, revealed, The center will abide by state and federal laws regarding advance directives. The center will honor all properly executed advance directives that have been provided by the resident and/or resident representative. Process: 1. Upon admission, Social Service Director or Business Development Coordinator/designee will: a) Communicate to resident and/or representative his or her right to make choices concerning health care and treatments, including life sustaining treatments. 5. Advanced Directives will be reviewed: Quarterly . Record review of Resident #22's electronic Order Summary Report revealed a physician order dated 2/1/18 for a full code status. Record review of Resident #22's electronic and paper record revealed there was no signed document to indicate the desired end of life care for this resident. The record review revealed the facility's Notification and Consent Form which contained advance directives options was not completed by the resident or the resident's representative. During an interview on 6/4/24 at 10:05 AM, the Director of Nursing revealed Resident #22 had an electronic order for a full code but did not have the advance directive document used by the facility that indicated the resident's or the resident representative's desire for end-of-life care. She revealed the social service director was responsible for completing this on admission as well as quarterly to ensure the facility maintains accurate documentation for end-of-life care. She confirmed that end-of-life care choice should be honored and the facility failed to discuss with the resident and/or representative the options for end-of-life care and failed to obtain a consent for the desired care for the resident. Record review of Admission Record revealed Resident #22 was admitted to the facility on [DATE]. Diagnoses included Dementia with behavioral disturbance, Congestive Heart Failure, and Type 2 Diabetes Mellitus. Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/6/24 revealed Resident #22 had a Brief Interview for Mental Status (BIMS) of 5 which indicated the resident had severe cognitive impairment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44804 Based on observation, staff interview, record review, and facility policy review, the facility failed to develop a comprehensive care plan regarding turning and repositioning for a resident that was dependent on staff for one (1) of seventeen care plans reviewed. Resident #18 Findings Include Cross Reference F684 Record review of the facility policy titled, Plans of Care with a revision date of 09/25/17 revealed, Procedure . Develop a comprehensive plan of care for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs . Record review of Resident #18's care plans revealed the resident had a care plan for ADL (Activities of Daily Living) Self Care Performance Deficit r/t (related to) Confusion, Limited Mobility and interventions that included that the resident required extensive assistance x 2-person physical assist to reposition and turn in bed. An observation on 06/04/24 at 08:15 AM, revealed Resident #18 was lying in bed with the head of bed (HOB) at 90 degrees while a staff member was feeding the resident breakfast. An observation on 6/4/24 at 9:00 AM, 10:30 AM, 11:15 AM and 12:30 PM revealed Resident #18 in the same position, lying in bed with the HOB at 90 degrees. An interview on 6/4/24 at 1:30 PM, with Licensed Practical Nurse (LPN)/ Minimum Data Set (MDS) nurse confirmed that Resident #18 would need to be turned every two (2) hours because she cannot do that on her own. She revealed that the resident has a care plan regarding the need for ADL assistance, but nothing is in there about turning. She stated that should just be common sense. She stated she is responsible for putting in the resident's care plans, and they do not always put turning and repositioning in a resident's care plan. An interview on 6/4/24 at 1:45 PM, with CNA #4 confirmed that residents need to be turned every 2 hours and most of them have that in their POC (Plan of Care) where the CNA's document. She revealed a resident's care plan tells them what care the resident needs. An interview and record review on 6/4/24 at 1:50 PM, with LPN #2 revealed Resident #18 did not have reposition/turn on her POC but did have that the resident needed assistance. She revealed that the purpose of the care plan was to provide information regarding the care a resident needed. She confirmed that turning and repositioning was to prevent skin breakdown and pressure ulcers. An interview on 6/5/24 at 8:00 AM with the DON confirmed that Resident #18 did not have turning/repositioning on her POC which comes from the care plans that are put in by Minimum Data Set (MDS) and that could use some improvement. She stated that Resident #18 should have had turning and repositioning on her care plan to prevent skin breakdown. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #18's Admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Other Lack of Coordination, Unspecified Dementia and Cognitive Communication Deficit. Record review of Resident #18's MDS with an Assessment Reference Date (ADR) of 4/16/24 revealed in Section C no Brief Interview for Mental Status (BIMS) score of, which indicated the resident was severely cognitively impaired and in Section GG that the resident needs substantial/maximal assistance with rolling left to right.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 47874 Based on observation, resident and staff interviews, and facility policy review, the facility failed to ensure a resident was clean and dry for one (1) of seventeen sampled residents. Resident #45 Findings Include: Review of the facility policy titled Activities of Daily Living revealed under, Policy: To encourage resident choice and participation in activities of daily living (ADL) and provide oversight, cuing and assistance as necessary. ADLs include bathing, dressing, grooming, hygiene, toileting and eating. An observation on 6/4/2024 at 12:31 PM, revealed Certified Nurse Aide (CNA) #5 entered Resident #45's room and delivered a lunch tray, then exited the room. An observation and interview with Resident #45 on 6/4/2024 at 12:32 PM, revealed him lying in bed with his lunch tray sitting on top of the overbed table covered. The resident instructed the Survey Agent not to touch the side of the bed because it was wet. Resident #45 explained that he was wet, but he could not recall if he had told any of the staff he needed changing. The resident had a disposable pad over the top of a cloth pad that was fully saturated in yellow urine, which covered the entire pad on the left side of the resident. CNA #5 entered the room holding a flat sheet of which she applied over the residents' legs. The Survey Agent inquired was she going to change the resident and CNA #5 replied, We don't change during mealtimes; I was just bringing a sheet for his legs because he did not have one and left the room. The resident further explained that staff has told him in the past they cannot change him during meals. He revealed he was told it was a facility rule that he must wait until after mealtime and trays were picked up to get changed. An interview with the Director of Nursing (DON) on 6/4/2024 at 12:42 PM, revealed the aides and nurses were responsible for changing and toileting the residents during mealtimes. She revealed if a resident required changing, the aides were to stop passing the trays and take care of the resident at that point. She stated leaving a resident wet during mealtimes was unacceptable and confirmed this could cause skin concerns. An interview with CNA #5 on 6/4/2024 4 at 2:18 PM, revealed that she was a shower aide and was helping pass out lunch trays today. She revealed that when she entered Resident #45's room, he did not tell her that he was wet. She stated that she went to go get him a sheet because he did not have one to cover his legs. CNA #5 revealed to her knowledge she was not supposed to change a resident that was soiled during mealtime because if someone else was eating on the other side of the room it would cause infection concerns. She acknowledged that leaving a resident wet during mealtimes could cause skin concerns. Record review of the Admission Record revealed the facility admitted Resident #45 on 12/30/22 with diagnoses including Sarcopenia.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44804 Based on observation, staff interview, record review and facility policy review, the facility failed to turn or reposition a resident that was dependent on staff for one (1) of eight (8) residents reviewed that were dependent on staff. Resident #18 Findings Include: Cross Reference to F726 and F656 Record review of the facility policy titled, Contractures, Prevention with a revision date of 8/22/17 revealed Positioning .Residents who are unable to move themselves should be repositioned frequently, at least every two hours, when in bed or when sitting in the chair. On 06/04/24 at 08:15 AM, observation revealed Resident #18 was lying in bed with the head of bed (HOB) at 90 degrees while a staff member was feeding the resident breakfast. On 6/4/24 at 9:00 AM, 10:30 AM, 11:15 AM and 12:30 PM, observations revealed Resident #18 in the same position, lying in bed with the HOB at 90 degrees. On 6/4/24 at 12:35 PM, an interview with Certified Nurse Assistant (CNA) #1 confirmed that she had not turned Resident #18. She stated that she had only been at the facility for two (2) weeks and this was the first time she had this resident. She stated they did not train her, they just put her to work. She admitted that she had been a CNA for a while and had worked at another facility. She confirmed that the resident could not turn herself or get out of bed on her own and could not answer questions and she should have known to turn her. She stated that she changed the resident around 10:30 AM and thought she had let the HOB down. An interview on 6/4/24 at 12:45 PM with Licensed Practical Nurse (LPN) #2 revealed she is the supervisor for the CNA's . She confirmed that Resident #18 should be turned every two hours to prevent skin breakdown and pressure ulcers. She stated that the CNA's should use common sense regarding turning residents and if they are not sure then they should ask someone. She stated that they have a meeting with the CNA's each morning, to give them their assignments and let them know anything new about the residents they are assigned to, but Resident #18 has been here a long time. An interview on 6/4/24 at 1:10 PM, with CNA #1 revealed that she asked a couple of the other CNA's and they told her she could turn the Resident #18. An interview on 6/4/24 at 1:15 PM, with the Director of Nurses (DON) confirmed that her expectation was that residents would get turned every two hours. She confirmed that staff have access to the Plan of Care for the residents and that if they are not sure they should ask staff. She stated it is common sense that a resident is in the nursing home for a reason, they need help taking care of themselves and if they are not cognitive enough to answer questions then that should be a given that they need to be repositioned to prevent skin breakdown and discomfort from being in the same position for so long. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/24 at 1:45 PM, an interview with CNA #4 confirmed that residents need to be turned every 2 hours and most of them have that in their POC (Plan of Care) where the CNA's document, but even if they do not, we know they need to be turned to prevent skin breakdown. An interview on 6/4/24 at 1:50 PM, with LPN #2 revealed Resident #18 needed assistance with bed mobility. She stated that staff should be familiar with their residents and the care they need and if they are not sure then they should ask. An interview and observation on 6/4/24 at 2:15 PM, with LPN/Wound Nurse revealed she completed a full body audit on Resident #18 with no issues of skin breakdown or pressure wounds. An interview on 6/4/24 at 2:30 PM, with the Director of Therapy confirmed that Resident #18 was totally dependent on staff for everything, even feeding. An interview on 6/5/24 at 8:00 AM, with the DON confirmed that CNA #1 had been a CNA for a while and they teach the importance of turning and repositioning in CNA classes, so she should have known to do that. Record review of Resident #18's Minimum Data Set (MDS) with an Assessment Reference Date (ADR)of 4/16/24 revealed in Section C no Brief Interview for Mental Status (BIMS) score, which indicated the resident was severely cognitively impaired and in Section GG that the resident needs substantial/maximal assistance with rolling left to right. Record review of Resident #18's Admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Other Lack of Coordination, Unspecified Dementia and Cognitive Communication Deficit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 44804 Based on staff interviews, record review, and facility policy review, the facility failed to ensure staff completed an orientation competency check off prior to caring for residents for one (1) of six (6) staff personnel files reviewed. CNA #1 Findings Include: Cross Reference F684 Record review of the facilities policy titled, New Hire Orientation with a revision date of 8/17/21 revealed under Policy .It is the policy of the Company to orient each new employee upon hire by providing the employee with general and job specific information regarding the mission and values of the Company, policies and procedures, job duties, benefits and safety regulations. Review of Certified Nursing Assistant (CNA) #1's personnel record revealed there was no skills competency check off completed. An interview on 6/4/24 at 12:35 PM with Certified Nurse Assistant (CNA) #1 stated that she had only been at the facility for two (2) weeks. She stated they did not train her, they just put her to work. An interview on 6/4/24 at 4:24 PM, with Licensed Practical Nurse (LPN) #1 confirmed that CNA #1 worked without completing her competency skills check offs. She revealed it is her responsibility to make sure those check offs are complete before they start working. She stated that the CNA was hired and had days off requested so for some reason it was missed. She stated that the purpose of staff members completing the competency skills check off was to make sure the staff were competent. Record review of CNA #1's timesheet revealed she has worked 5/15/24, 5/16/24, 5/20/24, 5/28/24, 5/29/24, 5/30/24, 5/31/24, 6/1/24, 6/3/24 and 6/4/24. An interview on 6/5/24 at 9:36 AM with the Director of Nurses (DON) confirmed that CNA #1 should have completed her orientation skills check off prior to caring for the residents. She stated that previously it was the CNA that trained the CNA that was responsible for checking off the orientation competency skills check off. She revealed that from now on LPN #1 will be ultimately responsible for making sure the orientation check offs are completed then she is going to get that sheet to me for review before we put them on the schedule.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255294	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbough Health and Rehabilitation Center	340 Desoto Ave Extended 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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 46013 Based on staff interview, record review, and facility policy review, the facility failed to ensure that the Infection Preventionist (IP) had completed the required training for the Infection Preventionist role for three (3) of three (3) survey days observed. Findings include: Record review of the facility policy Infection Prevention and Control Program with a revision date of October 2018 revealed under, Policy Interpretation and Implementation: .5. Coordination and Oversight a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist). An interview on 6/04/2024 at 3:05 PM, Licensed Practical Nurse (LPN) #1 revealed she was the facility Infection Control nurse. She explained that when she started working in January of this year, she was not aware that she had to have formal training or a certification for the Infection Preventionist role. She revealed she had started the training with the World Health Organization (WHO) to be certified as an Infection Preventionist but had not completed her training. An interview on 6/04/2024 at 3:41 PM, the Director of Nurses (DON) revealed we have three (3) nurses involved in the Infection Preventionist training including myself, however, at this time we have no one who has completed the course. She revealed that we are just doing our best to care for the residents at this time. An interview on 6/05/2024 at 9:46 AM, the Administrator (ADM) revealed, he was made aware when he became Administrator back in April that the facility did not have an Infection Preventionist that was certified. He revealed he was made aware that the Director of Nursing (DON) and Licensed Practical Nurse (LPN) #1 were signing up for the course at that time but was unaware that it had not been completed.