

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>47874</p> <p>Based on observation, resident and staff interview, and facility policy review, the facility failed to ensure a resident's call light was in reach for one (1) of 57 residents residing in the facility. Resident #4</p> <p>Findings include:</p> <p>Review of the facility policy titled Call Lights: Accessibility and Timely Response with a revision date of 3/19/2024 revealed, Policy: The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Also revealed under, Policy Explanation and Compliance Guidelines: . 5. Staff will ensure the call light is within reach of resident and secured, as needed.</p> <p>Resident #4</p> <p>An observation of Resident #4 on 3/18/2024 at 11:16 AM, revealed her lying in bed with a pillow under her left arm with the call light hanging down from the left side of the bed on the floor.</p> <p>An observation and interview on 03/19/2024 at 2:02 PM, revealed Resident #4 hollering for help down the south hallway. The resident was observed sitting in a wheelchair facing a window in her room and stated she needed help and asked, Can you open my chocolate? The call light was hanging down from the left bed rail, which was positioned up against the wall and the resident could not access it. The resident stated she could use the call light to request help if she had it.</p> <p>An observation and interview with Certified Nurse Aide (CNA) #1 on 3/19/2024 at 2:05 PM, revealed she was assigned to Resident # 4 and explained that she brought the resident to her room and got called away to do something else and confirmed that the call light was unreachable and should not be. CNA #1 explained that the purpose of having the call light close by was for the resident to call when she needed help.</p> <p>An interview with the Director of Nursing (DON) on 3/19/2024 at 2:24 PM, confirmed Resident #4's call light should be accessible when the resident was in her room so she could call for assistance when needed.</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: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #4's Face Sheet revealed the facility admitted the resident on 5/10/2016 with medical diagnoses that included Cerebral Infarct, Type 2 Diabetes Mellitus, Epilepsy, and Paranoid Schizophrenia.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on observation, resident and staff interview, record review, and facility policy review the facility failed to honor a resident's preference for end of life Advance Directives for one (1) of 24 residents sampled. Resident #57.</p> <p>Findings include:</p> <p>Record review of facility policy titled, Advance Directive Policy, undated, revealed, This facility recognizes the resident's right under the State Law to accept or refuse medical treatment and to formulate advance directives such as a Living Will, Durable Power of Attorney for Healthcare and decisions regarding resuscitation The facility supports the need for resident's participation in health care decisions and will make every effort to provide the resident and their family with information to enhance decision making capacity and to reasonably assure the ability to make voluntary and informed decisions.</p> <p>Record review of Resident #57's Advance directives/Medical treatment decisions .I do not choose to formulate or issue any Advance Directives at this time. I want efforts made to prolong my life and I want life-sustaining treatment to be provided. Signed by Resident and dated [DATE].</p> <p>Record review revealed a hospice form for Do-Not-Resuscitate (DNR) signed by daughter and dated [DATE].</p> <p>Record review of Resident #57's Physician orders for the month of: [DATE] revealed Code Status: Full code.</p> <p>Record review of Resident #57's Physician orders for the month of: [DATE] revealed an order dated [DATE] Code Status: Do Not Resuscitate.</p> <p>An interview on [DATE] at 3:30 PM, with Resident #57 stated, I know I'm on hospice services but if I stop breathing, I want cardiopulmonary resuscitation (CPR). I want to come back. That's what I want. He revealed his daughter signed his hospice paperwork, but he wasn't aware that his code status had changed, and it hadn't been discussed with him.</p> <p>An interview on [DATE] at 4:25 PM, the Admission Liaison Nurse revealed when Resident #57 was admitted to the facility he signed his own Advance Directive paperwork, and his wish was to be a full code meaning he wished to have CPR performed. She confirmed that the resident had a form signed by Resident #57's daughter when he went on hospice services on [DATE], and a physician order for [DATE] for DNR by the hospice physician. She revealed, I don't think his code status was discussed with him when they admitted him to hospice services. She revealed they have no paperwork confirming the daughter is his Power of Attorney (POA) She confirmed it is his right to choose his end-of-life status and it is supposed to be according to his wishes. She revealed she wasn't aware that his end-of-life choice had changed from CPR to DNR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on [DATE] at 4:45 PM, revealed an interview between Resident #57 and the Admission Liaison Nurse in which the nurse explained to the resident his end-of-life choices. The nurse explained the difference between the DNR code status and the Full code status. Resident #57 verbalized understanding of the difference and stated, If you can get my heart to beating, I want you to try, it may not get back to beating but I want you to try.</p> <p>An interview on [DATE] at 2:02 PM, the Administrator confirmed that the resident had completed his own Advance Directive and had chosen a full code status when he was admitted to the facility. She revealed she wasn't aware of the change in his code status when he went on hospice services, and it wasn't communicated through the proper channels, and it should have been.</p> <p>Record review of Resident #57's Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease and Chronic Respiratory Failure.</p> <p>Record review of Resident #57's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated the resident has moderate cognitive impairment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>47874</p> <p>Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to notify a resident's physician of a skin concern for one (1) of 19 sampled residents. Resident #216.</p> <p>Cross Reference F684</p> <p>Findings Include:</p> <p>Record review of the facility policy titled Notification of Changes with a revision date of 12/20/2022 revealed, Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification .Compliance Guidelines: The facility must inform the resident, consult with the resident's physician and /or notify the resident's family member or legal representative when there is a change requiring such notification 3. Circumstances that require a need to alter treatment. This may include: a. New treatment .</p> <p>An observation and interview with Resident #216 on 3/19/2024 at 2:40 PM, revealed the resident sitting in a wheelchair with his head laid over a bedside table. The resident was observed with an excessive thick layer of white buildup with patchy areas of flaking to the entire scalp (all hair) that extended to the ear lobes. The white buildup was also observed in the resident's facial beard that extended to the front of his neck. The resident stated that it did itch at times and revealed that the facility was not performing treatment to the areas.</p> <p>An observation and interview with Licensed Practical Nurse (LPN) #1, on 3/19/2024 at 2:43 PM, confirmed Resident #216's skin concern. She revealed she was not aware of the skin issue and stated the resident was not getting any type of treatment and she was unsure if the physician had been notified, and confirmed he should have been.</p> <p>Record review of Resident #216's Physician Orders revealed there was not a treatment order for his skin concern.</p> <p>Record review of Resident #216's Departmental Notes dated 2/21/2024 through 3/11/2024, revealed the resident had dry skin to the BLE (bilateral lower extremities) with no documentation of his skin concern to the scalp and beard.</p> <p>An interview with Registered Nurse (RN) #1 on 3/20/2024 at 1:40 PM, revealed the staff had not reported any skin issues to her for Resident #216. She stated the physician should have been contacted when the issue was first observed.</p> <p>Record review of the Skin Inspection Report dated 2/28/2024, 3/11/2024, and 3/18/2024 revealed Skin Intact which indicated Resident #216 had no identified skin concern.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with LPN #2 on 3/20/2024 at 3:55 PM, revealed she was the person responsible for completing the last two weeks of skin audits on Resident #216. She revealed she did not find any skin concerns on either of the skin audits and stated the resident was lying in bed when she conducted the audits, and she must have overlooked it.</p> <p>An interview with the Director of Nursing (DON) on 3/20/24 at 4:00 PM, confirmed Resident #216's skin concern should have been caught on the weekly skin audits and stated the physician should have been notified for a treatment.</p> <p>Record review of Resident #216's Face Sheet revealed the facility admitted the resident on 2/21/24 with medical diagnoses that included Chronic Systolic (congestive) Heart Failure and Type 2 Diabetes mellitus.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on staff interview and facility record review, the facility failed to provide the Notice of Medicare Non-Coverage to two (2) of three (3) residents discharged from Medicare Part A services with service times remaining. Resident #3 and Resident #7</p> <p>Findings include:</p> <p>Record review of facility letterhead note signed by the Administrator and dated on 3/20/24 revealed: (Proper name of facility) does not have a beneficiary notification policy.</p> <p>An interview with the Administrator on 3/19/24 at 11:08 AM, revealed she was aware of the requirement for the Notice of Medicare Non-Coverage to be provided to the resident or the resident representative and was aware that it was not being done due to staff turnover and it just fell through the cracks. She confirmed the facility failed to complete the Notice of Medicare Non-Coverage for residents who were discharged with time remaining on their Part A coverage.</p> <p>Record review of Resident #3's Face Sheet revealed he was admitted to the facility on [DATE] with diagnosis of displaced fracture of base of neck of right femur.</p> <p>Record review of Resident #3's Beneficiary Protection Notification Review revealed the resident's Medicare Part A skilled services episode start date of 10/3/23 and last covered day of Part A service was 11/15/23. This form revealed the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Review of this form revealed the Notice of Medicare Non-Coverage form was not provided to the resident.</p> <p>Record review of Resident #7's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses that include Unspecified Combined Systolic and Diastolic Congestive Heart Failure and Acute Kidney Failure.</p> <p>Record review of Resident #7's Beneficiary Protection Notification Review revealed the resident's Medicare Part A skilled services episode start date of 8/23/23 and last covered day of Part A service was 10/21/23. This form revealed the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Review of this form revealed the Notice of Medicare Non-Coverage form was not provided to the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on observation, resident and staff interview, facility policy review, the facility failed to ensure privacy for a resident as evidenced by a staff member changing a residents brief next to a window with no curtain or blind for one (1) of 57 residents observed for privacy. Resident #35</p> <p>Findings include:</p> <p>Review of facility policy titled, Resident Rights, with a revision date of 9/22/22 revealed, The resident has the right to a dignified existence .7. Privacy and confidentiality: The resident has a right to personal privacy .</p> <p>An observation on 3/18/24 at 10:35 AM revealed no curtains or blinds on the window in Resident #35's room with the resident's bed situated in front of the window with a view outside of a driveway with a trash dumpster and several parked cars.</p> <p>An interview on 3/18/24 at 1:54 PM, Resident #35 revealed in a slurred speech that she would like curtains on her window and wasn't sure why she didn't have a curtain.</p> <p>An interview on 03/18/24 at 2:30 PM, Certified Nurse Aide (CNA) #3 revealed the resident's window hadn't had a curtain or blind for a while but she was unsure how long it had been off. She revealed we change her briefs and do her peri care while she is standing up, we can't change her while she is in bed because her legs flail around so much.</p> <p>An observation on 03/18/24 at 2:55 PM, CNA #3 entered Resident # 35's room with an incontinence disposable brief in her hand, she pulled the privacy curtain between Resident A and Resident B's bed and was changing Resident #35's brief and administering peri-care in front of the open window that lacked any covering from the outside view.</p> <p>An interview on 03/18/24 at 3:05 PM, the Administrator confirmed there was no blind or curtain on the resident's window and revealed that it should be. She stated she wasn't sure how long it had been like this and confirmed this is a privacy and dignity issue.</p> <p>Record review of Resident #35's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses that included Huntington's disease, Slurred Speech, and Anxiety Disorder.</p> <p>Record review of the quarterly Minimum Data Set with an Assessment Reference Date of 1/20/24 revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognitive skills.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>47874</p> <p>Based on staff interview and record review, the facility failed to complete a Comprehensive Admission Minimum Data Set (MDS) assessment within fourteen days for one (1) of 19 sampled residents Resident #216</p> <p>Findings Include:</p> <p>Record review of Resident #216's Face Sheet revealed the facility admitted the resident on 2/21/2024.</p> <p>Record review of Resident #216's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/28/2024, revealed under section Z, the date a Registered Nurse (RN) signed the assessment as complete was left blank. It also revealed a status of Open, which indicated the admission assessment had not been completed and closed for transmittal.</p> <p>An interview with the Minimum Data Set (MDS) Nurse #2 on 3/20/2024 at 9:49 AM, confirmed Resident #216's Admission MDS assessment was not completed and should have been completed within 14 days of admission. She revealed she overlooked the assessment and thought it had been completed. She explained the comprehensive assessment must be completed to develop the resident's care plans, which gave the staff a guide of how to care for the resident.</p> <p>An interview with the Director of Nursing (DON) on 3/20/2024 at 3:20 PM, revealed she was not aware that Resident #216's Admission MDS assessment had not been completed. She confirmed the MDS assessments should be completed and submitted per the Resident Assessment Instrument (RAI) guidelines.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for resident(s) with upper body contractures for two (2) of 19 resident assessments reviewed. Resident #34 and #46</p> <p>Findings include:</p> <p>Record review of facility policy titled Resident Assessment - RAI, dated 6/18/23, revealed, This facility makes a comprehensive assessment of each resident's needs, strengths, goals, life history, and preferences using the resident assessment instrument (RAI) specified by CMS (Centers for Medicare and Medicaid Services) .</p> <p>Resident #34</p> <p>An observation and interview with Resident #34 on 3/19/24 at 8:20 AM, revealed resident's left hand and fingers were contracted and a gauze dressing was in her palm. She stated it had been like that for a long time and she had a wound in her hand.</p> <p>Record review of Resident #34's MDS with Assessment Reference Date (ARD) of 1/30/24, Section GG revealed the resident had no impairment with range of motion of upper extremities.</p> <p>An interview with MDS Registered Nurse (RN) #1 on 3/20/24 at 3:40 PM, revealed she was the person that completed Resident #34's MDS assessment and made an error by not marking limited range of motion to upper extremity. She stated she was aware of the contracture to the resident's left hand and fingers, but she did not realize that contractures of the hand/fingers would be considered an upper extremity range of motion limitation, so therefore, she failed to code it correctly. She stated she reviewed the RAI and realized she should have marked the limited range of motion for this resident's upper extremities and confirmed she did not enter accurate information in the MDS assessment.</p> <p>During an interview on 3/20/24 at 3:45 PM, the Director of Nursing (DON) revealed the MDS assessment should represent an accurate assessment of the resident's condition at that time. She confirmed the facility failed to code and submit an accurate MDS assessment concerning contractures for Resident #34.</p> <p>Record review of the Physician Orders List for Resident #34 revealed an order dated 12/28/22 for a hand roll to left hand during waking hours as tolerated.</p> <p>Record review of Resident #34's MDS with ARD of 1/30/24, revealed a Brief Interview for Mental Status (BIMS) of 8 which indicated the resident had a moderate cognitive impairment.</p> <p>Record review of Resident #34's Face Sheet revealed she was admitted to the facility on [DATE] with medical diagnoses that include Parkinson's Disease and Abnormalities of gait and mobility.</p> <p>47874</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #46</p> <p>An observation of Resident #46 on 03/18/2024 at 11:14 AM, revealed him lying in bed awake. The resident was observed with paralysis to the left arm and contractures to the left fingers.</p> <p>Record review of Resident #46's Physician Orders revealed an order dated 7/04/2023, Hand roll to Lt (left) hand during waking hours to prevent further contractures .</p> <p>Record review of the MDS with an ARD of 3/11/2024 revealed, under section GG, functional limitation in Range of Motion - Upper extremity was marked as 0 (zero), which indicated Resident #46's had no impairment.</p> <p>An interview with the MDS #1 on 3/20/2024 at 2:29 PM, revealed she was the person that completed Resident #46's MDS assessment and stated that she made an error by not marking limited range of motion (ROM) for the upper extremity. She revealed that she did not reference the RAI when she completed the assessment, and revealed that she should have. She revealed the MDS did not represent an accurate assessment of the resident.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #46 on 4/08/2022 with medical diagnosis that included hemiplegia following Cerebral Infarction affecting the left nondominant side, Type 2 Diabetes Mellitus, Seizures, and Depression.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, staff interview, record review, and facility policy review the facility failed to develop comprehensive care plans timely, failed to implement care plans for residents' Activities of Daily Living (ADL) care and position and mobility needs for five (5) of 19 resident careplans reviewed. Residents #1, #13, #26, #46, and #216.</p> <p>Findings include:</p> <p>Record review of facility policy titled Comprehensive Care Plans dated 12/15/22, revealed, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>Resident #1</p> <p>Record review of Resident #1's Care Plan with problem onset 09/12/2023, revealed the resident was unable to assist with her care and required total assistance with Activities of Daily Living (ADLs) due to cognitive impairment related to diagnosis of infantile cerebral palsy, and spastic quadriplegia. An intervention listed was oral care every shift with swabs.</p> <p>On 3/18/24 at 11:20 AM, Resident #1 was observed in her wheelchair at the nurses station. Her lips were noted to be covered with a white crusty covering with a white thick secretion noted.</p> <p>An interview on 3/19/24 at 2:40 PM, with the Director of Nursing (DON) confirmed the facility failed to ensure the resident's oral care was done as needed and therefore, the care plan was not followed.</p> <p>An interview with the Minimum Data Set (MDS) Registered Nurse (RN) #1 on 3/20/24 at 4:10 PM, revealed the care plan was to inform the staff of how to take care of the residents. She stated it was a guide for the staff to follow for the needed care of each resident and confirmed this care plan for oral care was not followed.</p> <p>Record review of Resident #1's Face Sheet revealed resident was admitted to the facility on [DATE]. Diagnoses included cerebral palsy, spastic quadriplegic cerebral palsy, convulsions, intellectual disabilities.</p> <p>Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/26/24, revealed in Section GG for oral hygiene, this resident was dependent. Review of the Brief Interview for Mental Status (BIMS) score of 0 indicated the resident was severely cognitively impaired.</p> <p>46013</p> <p>Resident #13</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Few</p>	<p>Record review of the care plan with a problem onset date of 10/23/23, revealed Resident #13 requires total care with ADL needs due to immobility, chronic flexion contractures of all four extremities. An intervention was to provide with oral care every 2 hours and as needed with swabs, wipe his mouth after oral care and apply Vaseline to his lips.</p> <p>An observation on 03/18/24 at 10:45 AM and again at 12:15 PM, of Resident #13 revealed a large amount of thick, white dried substance on his upper and lower lips.</p> <p>An interview on 3/19/24 at 3:15 PM, the DON confirmed Resident #13 not having the proper oral care is not acceptable. She confirmed it is the responsibility of the CNA's on each shift to make sure the resident's lips and oral care are taken care of and the responsibility of the nurses to ensure the scopolamine patch is on to help reduce his oral secretions.</p> <p>An interview on 3/20 at 2:45 PM, MDS Nurse #1 revealed the care plan is developed to ensure staff knows how to take care of the individual needs of each resident. She revealed Resident #13's care plan was developed due to his excessive secretion buildup and for the staff to know he is to receive oral care every two (2) hours and as needed as it is written. She confirmed Resident #13's oral care plan was not being followed and it should have been.</p> <p>Record review of Resident #13's Care Plan with a problem onset date of 10/41/22 revealed I have dysphagia, I am NPO (nothing to eat or drink by mouth), I require PEG (Percutaneous Endoscopic Gastrostomy) tube for all nutrition and hydration, I am at risk for aspiration and other complications due to tube feeding. An intervention listed was PEG tube meds must be given individual.</p> <p>An observation of medication administration via PEG tube on 3/20/24 at 8:45 AM, revealed Licensed Practical Nurse (LPN) #1 crushed six tablet medications together and mixed those with one liquid medication and administered through PEG tube.</p> <p>Interview with the DON on 3/20/24 at 9:50 AM, confirmed that LPN #1 did not follow the physician order or the care plan and give each medication individually.</p> <p>An interview with the MDS RN #1 on 3/20/24 at 4:10 PM, revealed the care plan was to inform the staff of how to take care of the residents. She stated it was a guide for the staff to follow for the needed care of each resident and confirmed this care plan for PEG medication administration was not followed.</p> <p>Record review of Resident #13's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Convulsions, Gastrostomy status, Dysphagia, and Hemiplegia.</p> <p>Record review of MDS with ARD of 1/23/24 revealed a BIMS of 0 score which indicated the resident had severe cognitive impairment.</p> <p>47874</p> <p>Resident #26</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Few</p>	<p>Record review of Resident #26's Care Plans revealed, Problem Onset: 1/08/2024, I require extensive to total assistance with ADLs Approaches . Nail care to be done weekly on shower days .</p> <p>An observation of Resident #26 on 3/18/2024 at 11:16 AM, revealed her lying in bed with long nails on both hands measuring three-eighths (3/8) inch in length.</p> <p>An observation and interview with the DON on 3/19/2024 at 2:25 PM confirmed Resident #26's long nails.</p> <p>An interview with MDS Nurse #1 on 3/20/2024 at 2:26 PM confirmed Resident #26's care plan was not followed for nail care weekly. She revealed the purpose of the care plan was to be able to provide the needed care for the residents.</p> <p>Record review of Resident #26's Face Sheet revealed the facility admitted the resident on 3/30/2022 with medical diagnoses that included Depression, Essential (primary) Hypertension, and Osteoarthritis.</p> <p>Resident #46</p> <p>Record review of Resident #46's Care Plan with a problem onset date of 3/228/22 revealed, Problem/Need: . contracture to left hand .Approaches . Hand roll to Lt (left) hand during waking hours to prevent further contracture as resident will allow .</p> <p>An observation of Resident #46 on 03/18/2024 at 11:14 AM revealed him lying in bed awake. The resident was observed with paralysis to the left arm and contractures to the left fingers, with no device in use.</p> <p>An observation of Resident #46 on 3/19/2024 at 1:59 PM revealed him sitting in a wheelchair at the nurse's station. No device in place to the left hand.</p> <p>An interview and observation on 3/19/2024 at 2:10 PM with LPN #1 confirmed Resident #46 did not have a left hand roll in use.</p> <p>An interview with MDS Nurse #1 on 3/20/2024 at 2:29 PM confirmed Resident #46's care plan was not followed for applying the left hand roll.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #46 on 4/08/2022 with medical diagnosis that included Hemiplegia following cerebral infarction affecting the left nondominant side, Type 2 Diabetes Mellitus, Seizures, and Depression.</p> <p>Resident #216</p> <p>Record review of Resident #216's Face Sheet revealed the facility admitted the resident on 2/21/2024 with medical diagnoses that included Hyperlipidemia, Chronic Systolic (congestive) Heart Failure, Type 2 Diabetes Mellitus, Vitamin D deficiency, and Paroxysmal Atrial Fibrillation.</p> <p>Record review of Resident #216's Electronic Medical Record (EMR) revealed there were not any care plans developed since admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 - Few</p>	<p>An interview with MDS Nurse #2 on 3/20/2024 at 9:49 AM, confirmed she had not developed comprehensive care plans for Resident #216. She explained they overlooked completing the admission MDS assessment; therefore, the care plans had not been developed. She revealed the staff would not know how to care for the resident since he did not have care plans.</p> <p>An interview with the DON on 3/20/2024 at 3:20 PM, revealed she was not aware Resident #216 did not have care plans. She revealed without the care plans, the staff would not know how to care for the resident. She confirmed the care plans should be completed within the time frame according to the Resident Assessment Instrument (RAI) guidelines.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, staff interviews, record review, facility statement, and facility policy review, the facility failed to follow professional standards of practice for a feeding tube as evidenced by crushing and administering multiple medications at once without the use of flushes and gravity for one (1) of four (4) residents observed during medication administration. Resident #13.</p> <p>Cross Reference F759</p> <p>Findings include:</p> <p>Record review of statement signed by the Administrator on facility letterhead and dated 3/20/24, revealed (Proper name of facility) does not have a current policy on giving medications through the PEG (Percutaneous Endoscopic Gastrostomy) tube.</p> <p>Record review of facility policy titled, Medication Set-up, Administration and Documentation Policy, undated, revealed, You must have an order to crush medications.</p> <p>An observation of Licensed Practical Nurse (LPN) #1 during medication pass for Resident #13's PEG tube medication administration on 3/20/24 at 8:45 AM, revealed LPN #1 crushed Vitamin C 250 milligrams (MG), Metoprolol Tartrate 25 MG, Vitamin D3 1000 units, Zestril 5 MG, Hydrochlorothiazide 12.5 MG, and Aspirin 81 MG together and placed these into the container with the liquid Kepra medication. She stated she was hesitant to give the medications together since in nursing school she learned to give each one separately, but at the facility she was instructed to administer them together, so that was what she was going to do. She entered the resident's room and once again questioned this technique and went back to the medication cart to verify the order and stated there was an order to administer these together. She then returned to the room, checked the residual, pushed 15 milliliters of water, next pushed the seven combined medications, then flushed with 15 milliliters of water. This was all given by syringe and pushed in with plunger and not by gravity.</p> <p>An interview with the Director of Nursing (DON) on 3/20/24 at 9:50 AM, confirmed that Resident #13 did not have a physician order to crush and administer the PEG medications together. She confirmed that LPN #1 did not follow the physician order for the PEG medications to be given individually. She also confirmed that PEG medications should be given by gravity for the resident's comfort and to prevent damage to the PEG tube and given individually with flush between each to ensure compatibility. She stated the facility used [NAME] and [NAME] as a nursing reference and did not have a policy for PEG medication administration. She also confirmed the facility did not meet the professional standards for nursing practice related to PEG medication administration.</p> <p>During an interview on 3/21/24 at 10:50 AM, LPN #1 revealed she had misread the order that actually read that medications could be crushed and given together if taken by mouth, but had to be given individually by PEG tube. She confirmed the purpose of administering medications separately was to ensure the medications were compatible and the medications and flushes needed to be administered by gravity and she failed to do this.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #13's Physician Orders List revealed an order dated 1/21/22, May administer crushed medications that are being given PO (by mouth) together. PEG tube meds must be given individual. Record review also revealed orders for Hydrochlorothiazide 12.5 mg per g-tube (gastrostomy tube), Aspirin 81 mg per PEG, Zestril 5 mg tablet per g-tube, Vitamin D3 1000 unit per g-tube, Vitamin C 250 mg per PEG, Metoprolol Tartrate 25 mg per g-tube, and Keppra 100 milligram/milliliter 7.5 ml per PEG.</p> <p>Record review of Resident #13's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Convulsions, Gastrostomy status, Dysphagia, and Hypertension.</p> <p>Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 1/23/24 revealed a Brief Interview for Mental Status (BIMS) of 0 which indicated the resident had severe cognitive impairment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observations, staff, resident and resident representative interviews, record review, and facility policy review the facility failed to ensure dependent residents received appropriate oral care, nail care and shaving for four (4) of 57 residents observed. Resident #1, #13, #26 and #216.</p> <p>Findings include:</p> <p>Record review of facility policy titled, Activities of Daily Living (ADLs), dated 12/15/22 revealed, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Record review of the facility policy titled, Oral Care with a revision date of 12/20/2022 revealed, It is the practice of this facility to provide oral care to residents in order to prevent and control plaque-associated oral diseases Assist in wiping resident's mouth with towel.</p> <p>Resident #1</p> <p>On 3/18/24 at 11:20 AM, Resident #1 was observed in her wheelchair at the nurses's station. Her lips were noted to be covered with a white, crusty substance and a thick, white secretion.</p> <p>An interview with Resident #1's Resident Representative (RR) on 3/18/24 at 2:15 PM, revealed she visited the resident frequently and assisted with her care. She stated when she arrived today, the resident's lips were covered with a thick crusty build up and so she cleaned resident's lips and put moisturizer on them for protection. She stated this had also occurred on other occasions.</p> <p>During an observation on 3/19/24 at 8:20 AM, Resident #1's lips were noted to have some dry cracked skin/crusty dry secretions present.</p> <p>During an observation and interview on 3/19/24 at 2:00 PM, Certified Nurses Assistant (CNA) #4 revealed Resident #1 needed frequent mouth and lip care due to her moving her lips inside her mouth and not eating or drinking by mouth. She revealed Resident #1 developed a dry crust covered with secretions on her lips that required them to be cleaned with a cloth and moisturizer applied frequently. She revealed she was responsible for oral care and did care earlier this shift, but Resident #1 needed her lips to be cleaned again to protect them from cracking.</p> <p>During an observation and interview on 3/19/24 at 2:20 PM, Licensed Practical Nurse (LPN) #3 revealed she was the nurse for Resident #1. She revealed the resident was a mouth breather and she did not eat or drink by mouth, therefore, she required frequent oral/lip care. She stated the resident had a thick layer of dried and moist secretions on her lips which appeared to have been there a while, and oral care was needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Few</p>	<p>An observation and interview with the Director of Nursing (DON) on 3/19/24 at 2:40 PM, revealed Resident #1's lips were covered with a layer of secretions and also dry/flaky skin in some areas and oral care was needed. She stated mouth care was to be done every shift and as needed and the facility failed to ensure the resident's oral care was done as needed and this could lead to tender, dry, cracked, bleeding lips.</p> <p>Record review of Resident #1's Face Sheet revealed resident was admitted to the facility on [DATE]. Diagnoses included Spastic Quadriplegic Cerebral Palsy, Convulsions, and Intellectual Disabilities.</p> <p>Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/26/24, revealed for oral hygiene, this resident was dependent. Review of the Brief Interview for Mental Status (BIMS) score of 0 indicated the resident was severely cognitively impaired.</p> <p>46013</p> <p>Resident #13</p> <p>An observation on 3/18/24 at 10:45 AM, of Resident #13 revealed a large amount of thick, white dried substance on his upper and lower lips.</p> <p>An observation on 3/18/24 at 12:15 PM, of Resident #13 revealed a large amount of thick, white dried substance on his upper and lower lips.</p> <p>An interview on 3/19/24 at 2:45 PM, CNA #2 revealed he was assigned to the resident today, and when he came in this morning the resident had a large amount of the white substance on his lips and confirmed it was the CNA's responsibility on each shift to make sure Resident #13's oral care is being done.</p> <p>An interview on 3/19/24 at 2:55 PM, CNA #3 revealed the resident wears a patch behind his ear and she noticed when he doesn't have his patch on the buildup is a lot worse. She confirmed his mouth care is supposed to be done often and if it is built up then it hasn't been done in a while.</p> <p>An interview on 3/19/24 at 3:05 PM, LPN #1 revealed Resident #13 is Nothing by Mouth (NPO) and wears a scopolamine patch to reduce his oral secretions. She revealed a lot of times his scopolamine patch will come off and doesn't get reported to her. She revealed his mouth gets foamy and has a white substance that dries on his lips, but his oral care is supposed to be done more often because of this.</p> <p>An interview on 3/19/24 at 3:15 PM, the DON confirmed Resident #13 not having the proper oral care is not acceptable. She confirmed it is the responsibility of the aides on each shift to make sure the resident's lips are taken care of and the responsibility of the nurses to ensure the scopolamine patch is on to help reduce his oral secretions.</p> <p>Record review of the Face Sheet revealed Resident #13 was admitted to the facility on [DATE] with medical diagnoses that included Unspecified Convulsions, and Hemiplegia.</p> <p>47874</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 - Few</p>	<p>Review of the facility policy titled Nail Care with a revision date of 12/15/2023 revealed under, Policy Explanation and Compliance Guidelines: . 4. Routine nail care, to include trimming and filing, will be provided on a regular schedule or as needed. Nail care will be provided between scheduled occasions as the need arises .</p> <p>Resident #26</p> <p>An observation and interview with Resident #26 on 03/18/2024 at 11:16 AM, revealed long fingernails on both hands measuring three-eighths (3/8) inch in length. The resident's left fingers were contracted and bent inward toward the palm. She stated she would like to have her nails trimmed, but no one had offered.</p> <p>An observation and interview with the DON on 3/19/2024 at 2:25 PM, revealed the aides were responsible for cutting the resident's nails during bathing or at any time they noticed the nails required trimming. She confirmed Resident #26's long nails could result in skin injury.</p> <p>An interview with Registered Nurse (RN) #1 on 3/19/2024 3:45 PM, confirmed she was responsible for following up and ensuring the resident's ADL care was provided daily.</p> <p>Record review of Resident #26's Face Sheet revealed the facility admitted the resident on 3/30/2022 with medical diagnoses that included Depression and Osteoarthritis.</p> <p>Resident #216</p> <p>Review of the facility policy titled Grooming a Resident's Facial Hair with a revision date of 12/20/2022 revealed under, Policy: It is the practice of this facility to assist residents with grooming facial hair to help maintain proper hygiene as per current standards of practice .</p> <p>An observation and interview with Resident #216 on 3/18/2024 at 2:25 PM, revealed long, black facial hair (mustache and beard) measuring approximately one-half (1/2) inch in length. The resident stated he would like it shaved, but has been unable to do so due to weakness in his arm.</p> <p>An interview with LPN #1 on 3/19/2024 at 2:43 PM, confirmed Resident #216 needed shaving. She stated that the aides were responsible for shaving the residents with bathing and as requested.</p> <p>An interview with the DON on 3/19/2024 at 2:55 PM, revealed she expected the aides shaved the male residents on bath days and as they requested.</p> <p>Record review of Resident #216's Face Sheet revealed the facility admitted the resident on 2/21/2024 with medical diagnoses that included Type 2 Diabetes Mellitus, and Paroxysmal Atrial Fibrillation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47874</p> <p>Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to identify and treat a resident with a skin concern for one (1) of 19 residents sampled. Resident #216.</p> <p>Cross Reference F580</p> <p>Findings Include:</p> <p>Review of facility policy titled, Resident Rights, with a revision date of 9/22/22 revealed, The resident has the right to a dignified existence .</p> <p>Record review of facility policy titled, Activities of Daily Living (ADLs), dated 12/15/22 revealed, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>On 3/19/2024 at 2:40 PM, an observation and interview with Resident #216, revealed the resident sitting in a wheelchair with his head laid over a bedside table. An excessive thick layer of white buildup with patchy areas of flaking to the entire scalp (all hair) extended to the ear lobes. The white buildup was also observed in the resident's beard that extended to the front of his neck. The resident stated that it did itch at times. He revealed that the facility was not performing treatment to the areas.</p> <p>On 3/19/2024 at 2:43 PM, observation and interview, with Licensed Practical Nurse (LPN) #1 confirmed Resident #216's skin concern. She revealed she was not aware of the skin issue and stated the resident was not getting any type of treatment that she knew of.</p> <p>Record review of Resident #216's Physician Orders revealed there was not a treatment order for his skin concern.</p> <p>Record review of Resident #216's Departmental Notes dated 2/21/2024 through 3/11/2024, revealed the resident had dry skin to the BLE (bilateral lower extremities) with no documentation of his skin concern to the scalp and beard.</p> <p>An interview with Registered Nurse (RN) #1 on 3/20/2024 at 1:40 PM, revealed the staff had not reported any skin issues to her for Resident #216. She stated the physician should have been contacted when the issue was first observed.</p> <p>Record review of the Skin Inspection Report dated 2/28/2024, 3/11/2024, and 3/18/2024 revealed Skin Intact which indicated Resident #216 had no identified skin concern.</p> <p>On 3/20/2024 at 3:55 PM, an interview with LPN #2 revealed she was the person responsible for completing the last two weeks of skin audits on Resident #216. She revealed she did not find any skin concerns on either of the skin audits that were completed. She stated the resident was lying in bed when she conducted the audits, and she must have overlooked it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/20/2024 at 4:00 PM, an interview with the Director of Nursing (DON) confirmed Resident #216's skin concern should have been caught on the weekly skin audits and stated the physician should have been notified for a treatment.</p> <p>Record review of Resident #216's Face Sheet revealed the facility admitted the resident on 2/21/2024 with medical diagnoses that included Chronic systolic (congestive) heart failure, Type 2 diabetes mellitus, Vitamin D deficiency, and Paroxysmal atrial fibrillation.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>47874</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to apply a hand roll to a resident with a contracture for one (1) of 17 residents with contractures. Resident #46</p> <p>Findings Include:</p> <p>Review of the facility policy titled Splint and Brace Application and Use undated, revealed under, Purpose: 1. To assure that residents who have splints or braces prescribed will use them when ordered. 2. To use splints to prevent and/or correct contractures.</p> <p>Record review of Resident #46's Physician Orders revealed an order dated 7/04/2023, Hand roll to Lt (left) hand during waking hours to prevent further contractures .</p> <p>Record review of Resident #46's Treatment Administration Record (TAR) for the month of March 2024 revealed an order dated 7/04/2023, Hand roll to Lt (left) hand during waking hours to prevent further contracture as resident will allow with documented signatures that the hand roll was applied on 3/18 and 3/19.</p> <p>An observation of Resident #46 on 03/18/2024 at 11:14 AM revealed him lying in bed awake. The resident was observed with paralysis to the left arm and contractures to the left fingers, with no device in use.</p> <p>An observation of Resident #46 on 3/19/2024 at 1:59 PM revealed him sitting in a wheelchair at the nurse's station with no device in place to the left hand.</p> <p>An interview and observation on 3/19/2024 at 2:10 PM with Licensed Practical Nurse (LPN) #1 confirmed Resident #46 did not have a left hand roll. She revealed the aides were responsible for applying it, and she was responsible for ensuring it was in place. She revealed that the purpose of the hand roll was to prevent further worsening of the contracture and to prevent skin impairment from the contracted fingers.</p> <p>An interview with the Director of Nursing (DON) on 3/19/2024 at 2:30 PM revealed the aides were responsible for applying the hand roll and the order was also on the TAR for the nurses to ensure it was on. She confirmed that not applying the hand roll could result in worsening contractures.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #46 on 4/08/2022 with medical diagnosis that included hemiplegia following cerebral infarction affecting the left nondominant side, type 2 diabetes mellitus, seizures, and depression.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure the medication error rate was less than five percent for seven (7) of thirty-two medication opportunities. Medication error rate of 21.88%</p> <p>Cross Reference F658</p> <p>Findings include:</p> <p>Record review of facility letterhead statement signed by the Administrator and dated 3/20/24, revealed (Proper name of facility) does not have a current policy on giving medications through the PEG (Percutaneous Endoscopic Gastrostomy) tube.</p> <p>Record review of facility policy titled, Medication Set-up, Administration and Documentation Policy, undated, revealed, You must have an order to crush medications.</p> <p>On 3/20/24 at 8:45 AM, an observation of Licensed Practical Nurse (LPN) #1 during medication pass for Resident #13's PEG tube medication administration revealed LPN #1 crushed Vitamin C 250 milligrams (MG), Metoprolol Tartrate 25 MG, Vitamin D3 1000 units, Zestril 5 MG, Hydrochlorothiazide 12.5 MG, and Aspirin 81 MG together and placed these into the container with the liquid Keppra medication. She stated she was hesitant to give the medications together since in nursing school she learned to give each one separately, but at the facility she was instructed to administer them together, so that was what she was going to do. She entered the resident's room and once again questioned this technique and went back to the medication cart to verify the order and stated there was an order to administer these together. She then returned to room, checked residual, pushed 15 milliliters of water, next pushed the seven combined medications, then flushed with 15 milliliters of water.</p> <p>On 3/20/24 at 9:50 AM, during an interview with the Director of Nursing (DON) , confirmed that Resident #13 did not have a physician order to crush and administer the PEG medications together. She confirmed that LPN #1 did not follow the physician order for the PEG medications to give individually with a flush between each to ensure compatibility. The DON confirmed that this would be considered a medication error when the medications are all combined together in a PEG tube.</p> <p>On 3/21/24 at 10:50 AM, during an interview LPN #1 revealed she had misread the order that actually read that medications could be crushed and given together if taken by mouth, but had to be given individually by PEG tube. She confirmed the purpose of administering medications separately was to ensure the medications were compatible.</p> <p>Record review of Resident #13's Physician Orders List revealed an order dated 1/21/22, May administer crushed medications that are being given PO (by mouth) together. PEG tube meds must be given individual. Record review also revealed orders for Hydrochlorothiazide 12.5 mg per g-tube (gastrostomy tube), Aspirin 81 mg per PEG, Zestril 5 mg tablet per g-tube, Vitamin D3 1000 unit per g-tube, Vitamin C 250 mg per PEG, Metoprolol Tartrate 25 mg per g-tube, and Keppra 100 milligram/milliliter(ml) 7.5 ml per PEG.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #13's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Convulsions, Gastrostomy status, Dysphagia, and Hypertension.</p> <p>Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 1/23/24 revealed a Brief Interview for Mental Status (BIMS) score of 0 which indicated the resident had severe cognitive impairment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41878</p> <p>Based on observation and staff interview, the facility failed to ensure proper medication storage as evidenced by leaving keys for the medication cart, medication room, and controlled medication locked box unattended on the medication cart in the resident hallway for one (1) of four (4) survey days.</p> <p>Findings include:</p> <p>Record review of facility's letterhead statement signed by the Administrator and dated 3/21/24, revealed, (Proper name of facility) does not have a policy on medication storage.</p> <p>An observation on 03/21/24 at 10:20 AM, revealed an unattended medication cart on the south hall with a set of keys laying on top of the cart. Licensed Practical Nurse (LPN) #1 was observed in a resident's room and was not visible from the cart. After approximately four minutes, LPN #1 returned to the cart. When asked about the keys on top of the cart LPN #1 stated those were the keys to the medication cart, locked narcotic box, and medication room. She stated leaving the keys unattended was not acceptable and was a risk since anybody that wanted to get them could have, and medications need to be out of reach. She stated any resident, visitor, or staff could have obtained these since they were left unattended on top of the cart in a resident hallway.</p> <p>During an interview on 3/21/24 at 10:25 AM, the Director of Nursing (DON) confirmed that by leaving the keys on a cart in an open hallway, the facility failed to ensure proper storage of medication. She stated this could have allowed an unauthorized person to have access to the medications and controlled medications. She stated the facility had no policy for medication storage.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Trace Extended Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Madison Street Houston, MS 38851	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to decrease the likelihood of the spread of infection as evidenced by a nurse dropping a glove on the floor in a resident's room, retrieving it off the floor, putting it on, and continuing with medication pass and insulin administration for one (1) of four (4) resident medication administrations observed.</p> <p>Findings include:</p> <p>Record review of facility policy titled, Infection Prevention and Control Program, dated 5/15/23, revealed, This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. The policy also revealed, 4. b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. d. Licensed staff shall adhere to safe injection and medication administration practices.</p> <p>During an observation of medication pass on 3/20/24 at 8:20 AM, Licensed Practical Nurse (LPN) #1 prepared Resident #3's medications for administration. The medications consisted of 12 by mouth medications, one topical ointment, and one subcutaneous insulin injection. While in resident's room, LPN #1 washed her hands and preceded to put on her gloves, but one glove dropped one on the floor. She picked this glove up and placed it on her hand and began to prepare for the medication administration by opening the alcohol prep for the insulin injection. After administration was completed the nurse stated I shouldn't have put it on. I should have washed my hands and started with new gloves for the meds. She stated this could spread infections especially since one medication was an injection.</p> <p>An interview with the Director of Nursing (DON) on 3/20/24 at 9:50 AM, revealed proper infection control techniques were not used when a glove that had been on the floor was picked up and put on by a nurse for resident care. She confirmed the facility failed to prevent the likelihood of the spread of infection and the nurse should have washed her hands and applied new gloves for the resident's medication administration.</p> <p>Record review of Resident #3's Face Sheet revealed the resident was admitted to the facility on [DATE]. Diagnoses included Type 2 diabetes mellitus, Chronic Obstructive Pulmonary Disease, Epilepsy, Hypertension, and Schizophrenia.</p>		