

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1116 Forest Avenue Jackson, MS 39206	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42807</p> <p>Based on observations, record review, policy review and interviews the facility failed to implement a resident's individualized care plan for Activities of Daily Living (ADL) care related to personal hygiene for four (4) of seven (7) sampled residents. Residents #1, Resident #5, Resident #6, and Resident #7.</p> <p>Findings included:</p> <p>Record review of the facility policy titled,, Resident Centered Care Planning dated March 2019, revealed . Comprehensive Care Plan . Standard . 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 timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . 6. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>Resident #1</p> <p>Record review of the Care Plan for Resident #1 revealed Focus: (Proper name of Resident #1) has an ADL Self Care Performance Deficit r/t (related to) Disease Process .Date Initiated: 6/15/2022 .Desired Outcome : . will have appropriate adl care daily to promote comfort .Interventions/Tasks .totally dependent on staff .</p> <p>On 7/15/24 at 10:45 AM, an observation revealed Resident #1 had short, smooth rounded fingernails which had a dark brownish black substance beneath each of his fingernails.</p> <p>On 7/16/24 at 9:39 AM, during a telephone interview with the Resident Representative (RR) she stated she had observed incidents of inadequate grooming for Resident #1.</p> <p>Resident #5</p> <p>Record review of the care plan with a date initiated of 10/4/23 revealed Focus: The resident has an ADL Self Care Performance Deficit .Desired Outcome:The resident will have all needs met with adl care . Interventions/Task .</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Resident requires full total assistance .</p> <p>During an observation on 7/15/24 at 10:50 AM, revealed all Resident #5's fingernails were long, with a dark brownish substance beneath each of them. Resident #5 was not verbal and not able to communicate in any way. Observation of the resident's toenails revealed that the toenails on both of his great toes were long and extended past the end of his toes. The toenails of the middle three toes on both feet were long and curved around the ends of the resident's toes.</p> <p>Resident #6</p> <p>Record review of the Care Plan with a date initiated of 09/19/23 revealed Focus (Proper Name Resident #6) has an ADL Self Care Performance Deficit r/t (related to) Paraplegia . Desired Outcome (Resident #6) will receive appropriate ADL care daily .Interventions/Tasks .Check nail length and trim and clean on bath day and as necessary .Date Initiated: 09/19/23 .</p> <p>On 7/15/24 at 10:53 AM, an observation and interview revealed Resident #6's fingernails were long, extended past the ends of his fingers. There was with a brownish substance noted underneath all the fingernails. Resident #6 stated he did not prefer his fingernails long, but was unable to trim them by himself and none of the staff had assessed or offered to trim his fingernails for him.</p> <p>Resident #7</p> <p>Record review of the Care Plan with a date initiated of 6/15/22 revealed (Proper name of Resident #7) has an ADL Self Care Performance Deficit r/t (related to) Disease Process Spinal Bifida Date .Desired Outcome (Proper name of Resident #7) will have appropriate ADL care daily to promote comfort .Intervention/Tasks . totally dependent on staff to provide a bath 3 x week (three times each week) and as necessary .</p> <p>On 7/15/24 at 4:48 PM, an interview with Certified Nursing Assistant (CNA) #2 revealed that she was assigned to the care of Resident #7 on the 7:00 AM through 3:00 PM shift on 7/15/24. She said she was not aware of how care plan interventions were communicated to the CNAs and said she usually just asks the nurse.</p> <p>On 7/16/24 at 2:00 PM, observation and an interview revealed Resident #7 had a thick patch of curly gray hair under her chin. Resident #7 stated she did not like facial hair but was not able to remove it herself.</p> <p>On 7/16/24 at 3:23 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed unwanted facial hair should have been removed during daily ADL care or shower. She confirmed care plans for all residents were available to the nurses through the computer software on the facility laptops. She confirmed it was important for all staff to follow care plan interventions to ensure appropriate care for residents.</p> <p>On 7/17/24 at 3:10 PM, an interview with the CNA #1 revealed care instructions for each resident were on the wall-mounted kiosks available to all CNAs for every resident.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/18/24 PM at 3:30 PM, an interview with the facility Staff Development Nurse (SDN) revealed nurses supervised care provided by the CNAs to residents and the care plan was the foundation for care instructions.</p> <p>On 7/18/24 at 4:30 PM, an interview with the Director of Nurses (DON) revealed she expected facility nursing staff to provide ADL care including fingernail care and removal of unwanted facial hair according to resident preferences and their care plans, which she confirmed was the foundation for care instructions.</p> <p>On 7/18/24 at 5:00 PM, an interview with the Administrator revealed he expected ADL care to include adequate grooming of fingernails and toenails and the removal of unwanted facial hair to be provided daily for all residents according to their care plans and preferences.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42807</p> <p>Based on observations, interviews, facility policy review, and record review, the facility failed to ensure dependent residents received necessary services to maintain adequate grooming, related to nail care and removal of unwanted facial hair for four (4) of seven (7) sampled residents. Residents #1, Resident #5, Resident #6, and Resident #7</p> <p>Findings included:</p> <p>Record review of the facility policy titled, Resident Hygiene, revised June 2022, revealed, Bath and Shower Standard . It is the practice of this facility to assist residents with bathing/showering to maintain proper hygiene and help prevent skin infections .Procedure .9. Each resident will have his or her nails cleaned and trimmed, (unless medically contraindicated), facial hair shaved or trimmed .Staff Responsibilities .1. Assistance can be given by a CNAs (Certified Nursing Assistant) or a licensed nurse .7. Staff providing assistance will provide nail care (unless medically contraindicated), shampoo, and shave each resident on every bath/shower day . Care of Fingernails and Toenails . The purpose of this procedure is to clean the nail bed, to keep nails trimmed and to prevent infections. Nail care includes cleaning and trimming as needed. Proper nail care can aid in the prevention of skin problems around the nail bed. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his/her skin .</p> <p>Resident #1</p> <p>During an observation on 7/15/24 at 10:45 AM, revealed Resident #1 had short, smooth rounded fingernails which had a dark brownish black substance beneath each of his fingernails.</p> <p>During a telephone interview on 7/16/24 at 9:39 AM, with the Resident Representative (RR) for Resident #1, she stated that she had observed incidents of inadequate grooming.</p> <p>During an interview on 7/17/24 at 3:10 PM, with CNA #1 revealed the nurses provided fingernail trimming and the CNAs could clean fingernails. She stated she had observed Resident #1 moving his left hand which indicated he may be able to scratch himself.</p> <p>During an interview on 7/17/24 at 3:20 PM, with Licensed Practical Nurse (LPN) #1 revealed fingernail cleaning could be performed by CNAs during daily care. She stated if CNAs observed long or jagged fingernails or toenails, they could notify the resident's nurse or the wound care nurse. She confirmed that unless contraindicated by the resident's diagnoses or condition nurses could provide trimming of fingernails or toenails. She stated that long or jagged fingernails or toenails could cause scratches or lead to infections for residents.</p> <p>Record review of the Order Summary Report, with active orders as of 7/1/24 revealed a physician order dated 8/8/23 Provide nail care weekly (Mondays) and PRN (as needed).</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Admission Record for Resident #1 revealed the facility admitted the resident on 8/07/23 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Hemiplegia and Hemiparesis Following Cerebral Infarction (stroke) Affecting Left Side, and Aphasia following Cerebral Infarction.</p> <p>Record review of the Quarterly Minimum Data Set (MDS), with Assessment Reversion Date (ARD) 5/08/24 for Resident #1, revealed in CO100 Should Brief Interview for Mental status be conducted. The answer was coded 0 indicating No due to resident is rarely/never understood. Further documentation revealed Resident #1 had memory problems and moderately impaired cognitive skills for daily decision making. Section GG revealed Resident #1 was dependent on staff for all Activities of Daily Living (ADLs).</p> <p>Resident #5</p> <p>During an observation on 7/15/24 at 10:50 AM, revealed all of Resident #5's fingernails were long, with a dark brownish substance beneath each of them. Resident #5 was not verbal and not able to communicate in any way. Observation of the resident's toenails revealed that the toenails on both of his great toes were long, and extended past the end of his toes. The toenails of the middle three toes on both feet were long and curved around the ends of the resident's toes.</p> <p>Record review of the Admission Record for Resident #5 revealed that the facility admitted the resident on 10/04/23, with the most recent admitted [DATE]. The resident had diagnoses that included Nontraumatic Intracerebral Hemorrhage in Brain Stem, Hydrocephalus, and Limitation of Activities Due to Disability.</p> <p>Record review of the Quarterly MDS for Resident #5 with ARD 5/21/24, revealed the resident had no Brief Interview for Mental Status (BIMS) score due to 'resident is rarely/never understood' with documentation of Memory problem and Severely Impaired cognitive skills for daily decision making. Section GG revealed Resident #5 was dependent on staff for all ADLs.</p> <p>Resident #6</p> <p>During an observation and interview on 7/15/24 at 10:53 AM, with Resident #6 revealed all of the resident's fingernails were long, extended past the ends of his fingers. There was with a brownish substance noted underneath all the fingernails. The resident stated he did not prefer his fingernails long, but was unable to trim them by himself and none of the staff had assessed or offered to trim his fingernails for him.</p> <p>During an interview on 7/15/24 at 11:10 AM, Certified Nurse Aide (CNA) #1, stated the nurses were responsible for trimming a resident's fingernails, and the CNAs could clean fingernails. CNA #1 explained they had been instructed to report long nails to the resident's nurse.</p> <p>Record of the Admission Record Resident #6 revealed that the facility initially admitted the resident on 9/12/23, with most recent admission on 2/28/24. The resident had diagnoses that included Diabetes, Complete Lesion at T2-T6 Level of Thoracic Spinal Cord and Paraplegia, and Limitation of Activities Due to Disability.</p> <p>Record review of the Quarterly MDS with ARD 6/22/24 revealed that the resident had a BIMS score of 15, which indicated no cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #7</p> <p>During an observation and interview on 7/15/24 at 2:00 PM, revealed Resident #7 had a thick patch of curly gray hair under her chin. Resident #7 stated she did not like facial hair being there, but was not able to remove it herself.</p> <p>During an interview on 7/15/24 at 4:48 PM, CNA #2 revealed she was assigned to the care of Resident #7 from 7:00 AM through 3:00 PM for 7/15/24. She confirmed she had not provided removal of unwanted hair for the resident before, during or after the resident's shower.</p> <p>During an interview on 7/16/24 at 3:23 PM, with Licensed Practical Nurse (LPN) #1 revealed she had been in the room of Resident #7, as she had made rounds every two (2) hours, but had not noticed the patch of curly gray hair under the chin of Resident #7. LPN#1 stated unwanted facial hair should have been removed during daily ADL care or shower.</p> <p>During a telephone interview on 7/18/24 at 10:39 AM, with the family member of Resident #7, revealed she had discussed concerns related to grooming with the facility Social Worker and Administrator in the past and they had taken care of issues, but said that it was an ongoing process. She stated Resident #7 was her own RR and was able to speak for herself.</p> <p>Record review of the Admission Record for Resident #7 revealed that the facility initially admitted the resident on 6/09/22, with the most recent admitted [DATE]. The resident had diagnoses that included Spina Bifida, Paraplegia, and Limitation of Activities Due to Disability.</p> <p>Record review of the Annual MDS with, ARD 5/14/24 revealed Resident #7 had a BIMS score of 9, which indicated the resident had moderate cognitive impairment.</p> <p>During an interview on 7/18/24 3:30 PM, the facility Staff Development Nurse (SDN), confirmed in-service training related to resident grooming and ADL care had been provided for all direct care staff and included removal of facial hair and cleaning providing trimming for all residents per their preferences.</p> <p>During an interview on 7/18/24 at 4:30 PM, the Director of Nurses (DON), stated she expected facility nursing staff to provide ADL care including fingernail care and removal of unwanted facial hair according to resident preferences. She confirmed that meeting ADL/grooming needs was important for residents' physical and psychosocial well-being and that long fingernails could result in scratches to residents' skin/body.</p> <p>During an interview on 7/18/24 at 5:00 PM, in an interview with the Administrator, he revealed he had noted the curly gray hair under Resident #7's chin on the morning of 7/18/24 and had requested staff remove the hair prior to the resident's physician appointment. He confirmed he had observed Resident #7 leaving for her appointment and the hair had been removed. The Administrator stated he expected ADL care to include adequate grooming of fingernails and toenails and the removal of unwanted facial hair to be provided daily for all residents according to their care plans and preferences.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>42807</p> <p>Based on observations, interviews, record review, plan of correction review, and facility policy review, the facility failed to sustain an effective Quality Assurance and Performance Improvement (QAPI) committee as evidenced by two (2) re-cited deficiencies, originally cited in December 2023, on an annual recertification survey.</p> <p>Findings include:</p> <p>Record review of the facility policy titled Quality Assurance and Performance Improvement dated September 2019 revealed the policy stated, Policy Explanation and Compliance Guidelines .8. Program feedback, data systems, and monitoring-a. The facility will raw data from multiple sources .Data sources may include but are not limited to .ix. Survey outcomes .e. Adverse events will be monitored .in accordance with established procedures for the type of adverse event. The data related to the adverse events will be used to develop activities to prevent them .c. The facility will utilize Root Cause Analysis and the 'Plan, Do, Study, Act' (PSDA) cycle of improvement to improve existing processes .d. Data will be collected throughout the PSDA process and then analyzed to determine the effectiveness of any changes. e To ensure improvements are sustained, the effectiveness of performance improvement activities will be monitored in QAPI Committee meetings .10. Program activities-a. Identified problems will be addressed and prioritized .Governance and leadership-a. The governing body and/or executive leadership is responsible and accountable for the QAPI program. b Governing oversight responsibilities include .vi Ensuring that corrective actions address gaps in systems and are evaluated for effectiveness.</p> <p>The facility's Quality Assurance Committee did not identify, develop, and implement appropriate measures to correct identified issues or prevent deficiencies as follows:</p> <p>F656</p> <p>During the complaint survey 7/15/24 through 7/18/24, the facility failed to implement comprehensive care plans related to Activities of Daily Living (ADL) care.</p> <p>During the recertification survey in December 2023, the facility failed to implement comprehensive care plan interventions to ensure residents were clean and dry and nail care was provided to dependent residents.</p> <p>F677</p> <p>During the complaint survey 7/15/24 through 7/18/24, the facility failed to ensure dependent residents received necessary services to maintain adequate grooming.</p> <p>During the recertification survey in December 2023, the facility failed to provide adequate and appropriate grooming for residents.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 7/18/24 at 4:40 PM, with the Administrator revealed the Director of Nurses (DON), Assistant Director of Nurses (ADON) or Registered Nurse (RN) Supervisor completes audits of grooming of residents. The He stated grooming includes removal of unwanted facial hair and fingernail care in accordance with the facility's plan of correction developed as a result of deficiency citations from the December 2023 Annual Survey. The Administrator revealed he had attended QAPI meetings since the annual survey and confirmed audit results were presented to the committee and reviewed. The Administrator stated he felt as if the facility's QAPI program was working but perhaps the facility should have monitored/audited a greater number of residents, given the size and census of the facility to ensure adequate grooming was provided for all residents.</p>		