

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Singing River Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 Denny Avenue Pascagoula, MS 39581	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47873</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to a dignified existence related to a urinary catheter drainage bag which did not have a privacy bag for one (1) of two (2) residents reviewed for bowel/bladder and catheters. (Resident #12)</p> <p>Findings Include:</p> <p>A review of the facility's Patient Rights and Responsibilities Policy, dated 2/2024, revealed, (Proper name of facility) is committed to upholding and respecting the rights of our patients. This policy outlines .commitment to providing considerate care that respects cultural, psychosocial, spiritual, and personal values, beliefs, and preferences .Patient Rights: You have a right to 1. Considerate care, including respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences .</p> <p>A record review of the Orders revealed Resident #12 had a Physician's Order, dated 9/16/24 for Continue Indwelling Urinary Catheter .for .Acute urinary retention .</p> <p>A record review of the Patient Information sheet revealed the facility admitted Resident #12 on 8/19/24.</p> <p>On 09/17/2024 at 12:00 PM, during an observation and interview revealed Resident #12 did not have a privacy cover on her urinary catheter drainage bag. Resident #12 stated that her catheter drainage bag normally had a privacy cover, but it had not had one since it was changed on 09/15/2024. The urine that was collected in the urinary drainage bag was visible to anyone.</p> <p>On 09/17/2024 at 12:25 PM, during an interview, Resident #12's daughter revealed that her mother's indwelling catheter bag had not had a privacy cover since it was changed on 09/15/2024, and it could be seen by anyone passing by if the door was opened.</p> <p>On 09/18/2024 at 10:21 AM, during an interview, Registered Nurse (RN) #1 confirmed that Resident #12's indwelling catheter bag did not have a privacy cover. RN #1 acknowledged that this could be a violation of the resident's right to dignity.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 37415</p> <p>Based on interviews and record review, the facility failed to offer assistance in formulating an advance directive and did not document discussions related to the resident's right to formulate and establish an advance directive for six (6) of twelve (12) residents reviewed for advance directives, with the potential to affect all 27 residents residing the in the facility. (Residents #1, #7, #9, #11, #222, and #223).</p> <p>Findings Include:</p> <p>Resident #1</p> <p>A record review of Resident #1's Patient Information revealed the resident was admitted on [DATE] with diagnoses including Paroxysmal Atrial Fibrillation and Type 2 Diabetes Mellitus.</p> <p>A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/25/24 revealed a Brief Interview for Mental Status (BIMS) score of fifteen (15), indicating the resident was cognitively intact.</p> <p>A review of the medical record for Resident #1 revealed there was no documentation indicating the facility had had offered assistance to the resident or the resident representative (RR) in formulating an advance directive.</p> <p>Resident #7</p> <p>A record review of Resident #7's Patient Information revealed an admitted [DATE] with diagnoses including Closed Fracture of the Distal End of the Right Fibula with routine healing.</p> <p>A record review of the Admission MDS, with an ARD of 9/3/24, revealed a BIMS score of ten (10), indicating moderate cognitive impairment.</p> <p>A review of the medical record for Resident #7 revealed there was no documentation indicating the facility had had offered assistance to the resident or the RR in formulating an advance directive.</p> <p>Resident #9</p> <p>A record review of Resident #9's Patient Information revealed that the resident was admitted on [DATE] with diagnoses including Chronic Depression, Hypertension (HTN), Gastroesophageal Reflux Disease (GERD), and a Closed Two-Part Intertrochanteric Fracture of the Proximal Femur.</p> <p>A record review of the Admission MDS, with an ARD of 08/27/24, revealed a BIMS score of fifteen (15), indicating the resident was cognitively intact.</p> <p>A review of the medical record for Resident #9 revealed there was no documentation indicating the facility had had offered assistance to the resident or the RR in formulating an advance directive.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #11</p> <p>A record review of Resident #11's Patient Information revealed an admitted [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), HTN, and Cervical Spinal Stenosis.</p> <p>A record review of the Admission MDS, with an ARD of 07/30/24, revealed a BIMS score of eight (8), indicating moderate cognitive impairment.</p> <p>A review of the medical record for Resident #11 revealed there was no documentation indicating the facility had had offered assistance to the resident or the RR in formulating an advance directive.</p> <p>Resident #222</p> <p>A record review of Resident #222's Patient Information revealed an admission on 09/10/24 with diagnoses of High Risk for Falls, Right Fibula Fracture, Bilateral Foot Fractures, Lumbar Fractures, and Nose Fractures.</p> <p>A record review of the MDS, with an ARD of 09/16/24, revealed a BIMS score of fifteen (15), indicating the resident was cognitively intact.</p> <p>A review of the medical record for Resident #222 revealed there was no documentation indicating the facility had had offered assistance to the resident or the RR in formulating an advance directive.</p> <p>In an interview on 09/18/24 at 11:45 AM, Resident #222 stated that she was given a lot of papers during admission but did not remember signing any paperwork regarding advance directives and did not have an advance directive.</p> <p>Resident #223</p> <p>A record review of Resident #223's Patient Information revealed an admitted [DATE] with a diagnosis of High Risk for Falls and Right Hip Fracture.</p> <p>A record review of the MDS, with an ARD of 09/12/24, revealed a BIMS score of twelve (12), indicating moderate cognitive impairment.</p> <p>A review of the medical record for Resident #223 revealed there was no documentation indicating the facility had had offered assistance to the resident or the RR in formulating an advance directive.</p> <p>In an interview on 09/19/24 at 1:15 PM, Resident #223 explained that she was given numerous papers on admission but did not remember signing anything regarding advance directives.</p> <p>In an interview on 09/18/24 at 2:26 PM, the Activities Director stated that advance directives were included in the admission packets but were not reviewed with the residents or families. If the resident wanted more information, they were referred to the Nurse Practitioner (NP) for further clarification. The Activities Director confirmed that residents and families did not sign an acknowledgment form for receiving the admission packet which included information on formulating and executing advance directives.</p> <p>(continued on next page)</p>

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 09/18/24 at 2:34 PM, the Director of Nursing (DON) and Registered Nurse (RN) #1 acknowledged that the residents' medical records did not contain documentation related to advance directives. The DON and RN #1 explained that staff only checked a box during admission to indicate whether the resident had an advance directive, without providing further explanation or obtaining the resident's signature.</p> <p>During an interview on 09/19/24 at 10:00 AM, the Chief Nursing Officer (CNO) admitted that she was unaware the facility was not explaining and documenting advance directive discussions. The CNO stated that administration would meet the following Monday to correct the procedure.</p> <p>47873</p> <p>48181</p>		

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<p>F 0656</p> <p>Level of Harm - 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>47873</p> <p>Based on interviews, record review, and facility policy review, the facility failed to implement care plan interventions related to a latex allergy which resulted in a resident having a topical allergic reaction treatment for one (1) of 12 care plans reviewed. (Resident #12)</p> <p>Resident #12.</p> <p>Findings Include:</p> <p>Review of the facility's policy, Nursing Assessment and Plan of Care, dated 3/2021, revealed, .Skilled Nursing Facility A. All patients are observed upon admission by a licensed nurse. The initial observation includes: 1. Essential patient history including allergies .Plan of Care A. The nurse analyzes the assessment date in order to identify and prioritize problems to be addressed when developing the plan of care. B. The plan of care .specifies the approach to an individual patient's physiological, psychological, cognitive or education needs. The plan uses evidence based interventions and treatments specific to the diagnosis .</p> <p>Record review of Resident #12's care plan Multidisciplinary Problems undated, revealed Problem: Risk for acute allergic reaction related to allerge(s): Goal: Will be free of s/s (signs/symptoms) of acute allergic reactions .Interventions .List of allergies noted in chart MAR (Medication Administration Record) .</p> <p>A record review of the Allergy Review History for Resident #12 revealed she had a documented allergen since 9/19/2019 for Latex with severity of Medium and the comments included Blisters and swelling.</p> <p>A record review of the Orders revealed Resident #12 had a Physician's Order, dated 8/20/24, for an In & Out cath (catheter) As needed .If bladder scan greater than 300 ml (milliliter).</p> <p>A record review of the facility's Risk Management Worksheet, received 9/18/24, revealed Resident #12 had a patient care complaint on 9/16/24. The Comments revealed, .states that she has a Latex allergy and while trying to bladder train we are having to intermittently straight cath .(patients daughter) states that she noticed a rash in her mothers peri-area and asked the nurse .if the straight cath is latex free .(Proper Name of Nurse) states, Even if it is latex, I have to use it because that's all we carry .At this time I .apologized to both the patient and her daughter for the disrespect, delay in care and the risks she was exposed to using the latex straight cath .</p> <p>A record review of the Nurse Practitioners Progress Note, dated 9/16/24, revealed, (Proper Name of Resident #12) was seen today with family, nursing and therapy. She had a bad weekend .Reaction to latex catheter . Further review revealed, Allergies of Latex and Blisters and swelling.</p> <p>A record review of the Patient Information sheet revealed the facility admitted Resident #12 on 8/19/2024 with a Complaint of Status Post Atrial-fibrillation with Rapid Ventricular Response.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/25/24 revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), indicating the resident was cognitively intact. A review of Section H revealed she had an indwelling catheter.</p> <p>On 09/17/2024 at 12:00 PM, during an interview, Resident #12 stated on 9/15/24, she was exposed to latex when a nurse inserted a catheter. She explained she told the nurse she had a latex allergy, but the nurse continued with the procedure.</p> <p>On 09/18/2024 at 10:21 AM, in an interview with Registered Nurse (RN) #1, she confirmed that Resident #12's latex allergy had been documented in her records. RN #1 acknowledged being informed of the incident on 09/16/2024 and that the resident received treatment for the allergic reaction. She confirmed that the nurse involved in the incident had been informed of the latex allergy but failed to follow the care plan.</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>47873</p> <p>Based on interviews, record review, and facility policy review, the facility failed to provide catheter care in a manner to prevent complications when facility staff inserted a latex catheter for a resident with a known latex allergy that resulted in the resident having a topical allergic reaction for one (1) of two (2) residents reviewed for bowel/bladder and catheters. Resident #12</p> <p>Findings Include:</p> <p>A review of the facility's policy titled Urinary Catheter Clinical Practice Guideline, dated 7/2020, revealed, . Insertion of Indwelling Urinary Catheter .Procedure: .2. Verify any allergies to latex, iodine, or betadine - if latex allergy: consider silicone catheter .</p> <p>A review of the facility's policy titled Latex Allergy or Sensitivity Management Clinical Practice Guideline, original date 1/2020, revealed, .Latex safe environments should be provided for latex allergic and latex sensitive patients .Procedure: 2. Remove all identifiable latex-containing products from the room .5. Obtain latex-safe equipment/supplies (gloves, catheters .)</p> <p>During an interview on 09/17/2024 at 12:00 PM, Resident #12 revealed that on 09/15/2024, she was exposed to latex during a catheter procedure. She informed the nurse about her latex allergy, and her daughter, who was present at the time, also informed the nurse. Despite this, the nurse used the latex catheter anyway, stating that latex was all they had available. Following the procedure, Resident #12 developed redness, blisters, itching, and burning. The resident's daughter brought ointment and had the Nurse Practitioner (NP) approve it for treatment of the allergic reaction.</p> <p>On 09/17/2024 at 12:25 PM, during an interview, Resident #12's daughter confirmed that her mother had a latex allergy and was exposed to latex during a catheter procedure on 09/15/2024. The daughter noticed a rash developing and informed the nurse, but she continued to use the latex catheter because the facility did not have a non-latex catheter available. The daughter confirmed she later purchased an ointment to treat her mother's allergic reaction.</p> <p>On 09/18/2024 at 10:21 AM, during an interview with Registered Nurse (RN) #1, she confirmed that Resident #12 had a documented latex allergy. RN #1 stated she became aware of the incident on 09/16/2024 and immediately informed the NP. She initiated an investigation, and the employee responsible for the violation was placed on leave and later terminated.</p> <p>On 09/18/2024 at 11:21 AM, during an interview, the NP stated that Resident #12 had a documented latex allergy for several years. She was informed of the incident during rounds on 09/16/2024 and confirmed that the resident had redness and excoriation. The NP emphasized that latex exposure could have caused a serious complication and explained that the resident was treated for the topical allergic reaction.</p> <p>A record review of the Patient Information sheet revealed the facility admitted Resident #12 on 8/19/2024 with a Complaint of Status Post Atrial-fibrillation with Rapid Ventricular Response.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/25/24 revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. A review of Section H revealed she had an indwelling catheter.</p> <p>A record review of the Orders revealed Resident #12 had a Physician's Order, dated 9/13/24, for an In & Out cath (catheter) As needed .If bladder scan greater than 300 ml (milliliter).</p> <p>A record review of the facility's Risk Management Worksheet, received 9/18/24, revealed Resident #12 had a patient care complaint on 9/16/24. The Comments revealed, .states that she has a Latex allergy and while trying to bladder train we are having to intermittently straight cath .(patients daughter) states that she noticed a rash in her mothers peri-area and asked the nurse .if the straight cath is latex free .(Proper Name of Nurse) states, Even if it is latex, I have to use it because that's all we carry .At this time I .apologized to both the patient and her daughter for the disrespect, delay in care and the risks she was exposed to using the latex straight cath .</p> <p>A record review of the Allergy Review History for Resident #12 revealed she had a documented allergen since 9/19/2019 for Latex with severity of Medium and the comments included Blisters and swelling.</p> <p>A record review of the Nurse Practitioners Progress Note, dated 9/16/24, revealed, (Proper Name of Resident #12) was seen today with family, nursing and therapy. She had a bad weekend .Reaction to latex catheter . Further review revealed, Allergies of Latex and Blisters and swelling.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>37415</p> <p>Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure there was sufficient staff to meet the needs of residents in a timely manner for four (4) of nine (9) residents observed with call lights on, needing assistance on the Northeast Hall. (Residents #69, #220, #221, and #223). This failure had the potential to affect all nine (9) dependent residents residing on the hall.</p> <p>Findings Include:</p> <p>A review of the facility's Facility Assessment Tool, updated on 1/31/2024, revealed . Staffing plan: 3.2 . Consider if and how . acuity levels impact staffing needs. To provide care for nine (9) residents, the facility required one (1) Registered Nurse (RN) or one (1) Licensed Practical Nurse (LPN) and one (1) Certified Nursing Assistant (CNA). This ratio on (1) employee per (9) residents (1:9) was the requirement for both days and nights.</p> <p>On 09/17/24 at 10:58 AM, during the initial tour, Resident #221's wife stated in an interview that when the call light was pressed, it took a long time for staff to respond. She explained that her husband needed assistance immediately or he would have incontinent accidents. She expressed concerns that there was insufficient staff, as there was only one (1) CNA and one (1) nurse present on the floor.</p> <p>On 09/17/24 at 11:39 AM, during an observation and interviews the State Agency (SA) observed four (4) call lights going off in the Northeast Hall. No staff members were present at the time. The SA observed the call lights going off in the rooms of Residents #69, #220, #221, and #223. The SA also observed Resident #223 attempting to transfer herself to the bathroom. LPN #1 and CNA #1 were assisting Resident #220, a two-person assist resident, to the bathroom. LPN #1 and CNA #1 did not return to the hall until 12:03 PM to answer the remaining call lights. Resident #69 was heard yelling, I got to pee! There were no other staff members on the hall to assist the residents with their needs. Resident #223 stated she attempted to toilet herself because staff took too long, and in the past, she had experienced incontinent accidents as a result.</p> <p>During an interview on 09/17/24 at 12:45 PM, Resident #221 stated that he had several incontinent accidents because staff did not respond to his call light in a timely manner. He expressed that he had difficulty waiting for assistance and could not transfer himself without assistance.</p> <p>On 09/17/24 at 1:00 PM, during an interview, CNA #1 stated that there was always one (1) CNA and one (1) nurse on the floor for nine (9) residents. She explained that she could not meet all the residents' needs in a timely manner because she was the only CNA. She confirmed that residents had experienced incontinent episodes of both bowel and bladder when she could not get to them in time.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/17/24 at 1:30 PM, LPN #1 stated she worked the 7 AM-7 PM shift four (4) to five (5) times a week and was the only nurse on the hall. She expressed that it was difficult to meet the residents' needs in a timely manner due to the high-risk fall residents, many of whom required two-person assistance with transfers. LPN #1 confirmed that some residents had incontinent episodes because both she and the CNA were attending to other residents.</p> <p>On 09/18/24 at 9:00 AM, RN #1 confirmed that the Northeast Hall had nine (9) residents with one (1) nurse and one (1) CNA to provide care. She explained that due to the residents' high fall risk and their need for assistance, staff could not answer multiple call lights or assist with toileting in a timely manner.</p> <p>On 09/18/24 at 9:30 AM, during an interview, the Director of Nursing (DON) stated that he was aware that there was one (1) nurse, and one (1) CNA scheduled on the Northeast Hall. The DON confirmed that additional staff were needed to meet the residents' needs and stated that he was responsible for updating the facility assessment but had not yet done so. He acknowledged that when the nurse and CNA were busy providing care, there were no other staff members available to assist the remaining residents.</p> <p>On 09/19/24 at 9:00 AM, during an interview with the Rehabilitation Director, he confirmed that all residents on the Northeast Hall needed at least one-person standby assistance for transfers, with three (3) residents requiring two-person assistance. He reiterated that this was a high-acuity unit and that more staff were needed to meet the residents' needs.</p> <p>On 09/19/24 at 10:00 AM, during an interview with the Chief Nursing Officer (CNO), she stated that she was unaware of the staffing issues. She was familiar with the Facility Assessment and Centers for Medicare and Medicaid Services (CMS) requirements but did not realize that the facility needed to staff according to residents' acuity.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48181</p> <p>Based on observation, interview and facility policy review, the facility failed to store food and maintain sanitary practices in accordance with professional standards for safety related to foods not labeled, food with no identified date, exposed foods and unsanitary practices staff for one (1) of two (2) kitchen observations.</p> <p>Findings include:</p> <p>A review of the facility's policy, Food and Supply Storage, revised ,d+[DATE], revealed, .All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption .Procedures .Cover, label and date unused portions and open packages .Date and rotate items; first in, first out (FIFO). Discard food past the use-by or expiration date .Dry Storage .Store foods in their original packages. Foods that must be opened must be stored in .containers that have tight fitted lids Hang scoop .Scoops may be stored in bins on a scoop holder .</p> <p>A review of the facility's policy, Hand Hygiene, revised ,d+[DATE], revealed, In the Food & Nutrition Services Department: All associates associated with handling of food shall wash hands. Hands are washed with soap and water at the following times .After any other activity that may contaminate the hands .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Singing River Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 Denny Avenue Pascagoula, MS 39581	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 09:31 AM, in an observation with the Director of Food and Nutrition (Director), refrigerator #1 revealed four (4) unopened bags of spring mix with a facility date label of ,d+[DATE] with no indication of what the date meant. One (1) unopened bag of spring mix with a facility date label of ,d+[DATE] with no indication of what the date meant. Four (4) unopened bags of spinach with a facility date of ,d+[DATE] with no indication of what the date meant. One (1) five (5) pound bag of lettuce opened and exposed, with a Best if Used By date of [DATE]. Six (6) bags of iceberg lettuce with a facility date of ,d+[DATE] with no indication of what the date meant. One (1) fresh pineapple with the core removed, exposing the inside. An observation of refrigerator #2 revealed one (1) plastic pan of raw fish filets with a facility Good thru date of [DATE]. One (1) pan of raw shrimp in pan with a Good thru date of [DATE]. Seven (7) bags of chicken parts with a facility date label of ,d+[DATE] with no indication of what the date meant. Six (6) pans of what the Director identified as meat loaf with no label or date. One (1) pan of what the Director identified as meatloaf with a Good thru date of [DATE]. One pan of turkey, with a facility Good thru date of [DATE]. One (1) pan of what the Director described as pulled pork with not date and no label. One (1) container label casserole with a facility Good thru date of ,d+[DATE]. One (1) container of pickles with the lid off the container, leaving the pickles exposed. One (1) container of what the Director identified as red beans with no identifying label and a facility Good thru date of ,d+[DATE]. One (1) container of what the director identified as meat sauce with no identifying label and a facility Good thru date of ,d+[DATE]. Three crates of milk products located inside the refrigerator, near the door, with a sign posted on the wall of the refrigerator reading Expired and damaged product. An observation of freezer #1 revealed one (1) opened box containing cinnamon rolls in a plastic bag that was opened with the cinnamon rolls exposed. An observation of the dry bins revealed the white rice bin with the lid opened and the white rice exposed, the brown rice with the lid opened and the brown rice exposed, a bin with what the Director described as chicken batter with the scoop stored inside the batter. An observation of the pantry revealed a swarm of small flying insects hovering around an opened 25-pound bag of breadcrumbs that was opened and exposed.</p> <p>On [DATE] at 10:45 AM, an observation and interview of Patient Services worker (PS) revealed as the meal ticket printer printed out several tickets, the tickets reached the floor. The PS worker picked up meal tickets that were on the floor and proceeded to place the tickets on the resident's trays. The PS did not use hand hygiene following picking up the tickets. The PS confirmed picking up the tickets from the floor. The PS confirmed she should have reprinted the cards and changed her gloves.</p> <p>On [DATE] at 10:50 AM, during an observation and interview, the Director was handling the food thermometer and thermometer wipes as the [NAME] was obtaining temperatures of the food items on the steam table and was not wearing a hair restraint for his beard. The Director revealed he acknowledged the unclearly dated foods, outdated foods, and exposed foods. The Director acknowledged the Patient services worker picking up the cards from the floor and proceeding without using hand hygiene. The Director acknowledged that he was not wearing a beard net in the food service area. The Director reported it is important to keep the card off the floor for sanitation. The Director revealed he will move the label maker back on the counter to keep the cards off the floor. The Director stated the importance of wearing a beard net is for sanitation. The Director reported the date labels on the foods were for the date the item was received. The Director confirmed it could be confusing to a new employee to know what the date meant, without making it clear marking on the label.</p> <p>On [DATE] at 3:44 PM, during an interview with the Hospital Administrator (HA) revealed she was made aware of the unclearly dated foods, outdated foods and deficient hygiene practices by the staff. The HA reported her expectation is that there will be no expired foods in the kitchen.</p>		