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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255347 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Choctaw Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 311 West Cherry Street Ackerman, MS 39735 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on resident and staff interviews, record reviews, and facility policy review, the facility failed to follow up on grievances from Resident council meetings related to missing silverware and condiments for four (4) of six (6) residents in the Resident Council Meeting. Resident #4, Resident #10, Resident #11, and Resident #35.</p> <p>Findings include:</p> <p>Record review of facility policy titled, Resident and Family Grievances, undated, revealed, It is the policy of this facility to support each resident's and family member's right to voice grievance without discrimination, reprisal or fear of discrimination or reprisal . Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance .</p> <p>An interview on 04/17/24 at 1:45 PM, at the Resident Council meeting, revealed Resident #4 (Resident Council President), Resident #10, Resident #11, and Resident #35, had concerns that they were at times still missing silverware and condiments on their meal trays. They unanimously voiced that this has been addressed in many resident council meetings, and it does seem to be getting better at times, but it is still happening.</p> <p>An interview with the Activity Director on 04/17/24 at 02:35 PM, revealed for the past six months the main issue discussed in resident council meetings is the lack of silverware and condiments. She confirmed the residents say it is getting a little better, but it honestly hasn't been resolved. She revealed each month she had notified the Dietary Manager of the concerns.</p> <p>During an interview on 04/18/24 at 9:05 AM, the Dietary Manager confirmed he was aware of the issues from the past six months regarding missing silverware and condiments. He confirmed he educated his dietary staff but didn't take any disciplinary action and confirmed he did not do a thorough investigation and follow-up.</p> <p>In a phone interview on 04/18/24 at 9:26 AM, the Administrator revealed she was not aware of any issues from the resident council regarding missing silverware and condiments at meals. She revealed when an issue is brought forward in the resident council meeting it is sent to the Department Head to address.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident Council minutes dated 10/30/23, revealed Items/silverware being left off trays continues to be an issue. Better at times but not always consistent.</p> <p>Record review of Resident Council minutes dated 11/27/23, revealed Condiments and silverware continue to be left off trays. Continues to be an issue from time to time.</p> <p>Record review of Resident Council minutes dated 12/27/23, revealed Silverware & beverages (of choice) being left off of trays. Continues to be an issue at times.</p> <p>Record review of Resident Council minutes dated 1/29/24, revealed Silverware missing off of trays at times, continues to be an issue.</p> <p>Record review of Resident Council minutes dated 2/26/24, revealed Residents stated that the issue with silverware is some better but is still a problem at times, ongoing issue at times.</p> <p>Record review of Resident Council minutes dated 3/25/24, revealed missing silverware at times, continues to be an issue. Dietary notified.</p> <p>Resident #4</p> <p>Record review of the Face Sheet for Resident #4 revealed he was admitted to the facility on [DATE].</p> <p>Record review of Resident #4's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/22/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>Resident #10</p> <p>Record review of the Face Sheet for Resident #10 revealed she was admitted to the facility on [DATE].</p> <p>Record review of Resident #10's MDS with an ARD of 3/21/24 revealed a BIMS score of 15 which indicated the resident was cognitively intact.</p> <p>Resident #11</p> <p>Record review of the Face Sheet for Resident #11 revealed he was admitted to the facility on [DATE].</p> <p>Record review of Resident #11's MDS with an ARD of 1/29/24 revealed a BIMS score of 15 which indicated the resident was cognitively intact.</p> <p>Resident #35</p> <p>Record review of the Face Sheet for Resident #35 revealed she was admitted to the facility on [DATE].</p> <p>(continued on next page)</p> | | |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident #35's MDS with an ARD of 3/11/24 revealed a BIMS score of 15 which indicated the resident was cognitively intact.</p> |

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| <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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, staff interviews, record review, and facility policy review, the facility failed to notify the physician when a resident receiving enteral nutrition by a percutaneous endoscopic gastrostomy (PEG) tube developed drainage around insertion site for one (1) of two (2) residents observed with tube feedings. Resident #103</p> <p>Findings include:</p> <p>Record review of facility policy titled, Care and Treatment of Feeding Tubes, undated, revealed, It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible Policy Explanation and Compliance Guidelines . 6. b. Examination of the insertion site in order to identify, lessen, or resolve possible skin irritation and local infection and notify MD when need arises .The facility will notify and involve the physician or designated practitioner of any complications and in evaluating and managing care to address the complications and risk factors.</p> <p>Record review of facility policy titled, Notification of Changes, dated February 2023, 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 .Circumstances requiring notification include: 3. Circumstances that require a need to alter treatment.This may include a. New treatment .</p> <p>On 4/17/24 at 11:30 AM, during observation of care and an interview with Registered Nurse (RN) #1, the dressing around the PEG tube was removed and revealed a tan/brown substance in a 360-degree circle that had been around PEG tube insertion site. RN #1 cleaned around the site with normal saline and a clean gauze was applied. He stated since there was no order for the PEG tube care, he would notify the physician to verify the needed care, otherwise, care would not be done as needed. RN #1 confirmed with the drainage present on the dressing, the area needed to be monitored, cleaned, and dressing applied to prevent skin concerns and/or infection and the physician needed to be contacted for an order.</p> <p>During an interview with the Director of Nursing (DON) on 4/17/24 at 1:50 PM, revealed that Resident #103 did not have an order for PEG tube care or monitoring of the site. She stated when the resident was admitted to the facility from the hospital, the PEG feeding tube was new, and a nurse contacted the physician since there were no orders for PEG care. She stated the physician told the nurse to observe the site and if there was redness or drainage to notify the physician, otherwise no routine care was needed. She stated even if dressing was not needed, basic skin care was needed to keep the site clean. She confirmed routine monitoring and care, as well as documentation, for a PEG tube site was needed. She also confirmed the facility failed to notify the physician when the site began to have drainage, therefore, no orders for care and dressing changes were given. She confirmed that without adequate care of a PEG tube site, infection, skin irritation, or other complication associated with tube feedings could occur and without orders, care plan, and documentation the staff would not know what care was needed to be done.</p> <p>(continued on next page)</p> | | |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 4/18/24 at 12:05 PM, the DON confirmed the staff did not notify the physician when the drainage was observed, and dressing was initially applied. She confirmed the facility failed to notify the physician of the change of condition of resident's PEG tube site, therefore, an order was not obtained.</p> <p>Record review of the Departmental Notes dated 3/28/24 at 11:10 AM, revealed .Called (Formal name of Physician) .No PEG site orders.She said that as long as there was no drainage or irritation that a dressing was not required .</p> <p>Record review of Resident #103's Face Sheet revealed the resident was admitted to the facility on [DATE]. Diagnoses included Pneumonitis due to inhalation of food and vomit, gastrostomy status and Dysphagia.</p> <p>Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/3/24 revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated the resident was cognitively intact.</p> | | |

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| <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** 46013</p> <p>Based on staff interviews, record review, and facility policy review, the facility failed to implement comprehensive care plans for two (2) of the nineteen resident care plans reviewed. Resident #18 and Resident #36</p> <p>Findings include:</p> <p>Review of the facility policy titled, Comprehensive Care Plans undated 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 timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment .</p> <p>Resident #18</p> <p>Record review of Resident #18's care plan revealed, Problem/onset: 06/20/2018 Activities of Daily Living (ADL). I require assistance with ADL care .Approaches .Provide nail care weekly and as needed (PRN).</p> <p>During an observation on 4/16/24 at 9:05 AM, and again at 1:55 PM with interview, revealed Resident #18's fingernails on both hands were approximately three-fourth (3/4) inches long and jagged with a brown substance under each nail. Resident #18 stated, I guess they need to cut them.</p> <p>During an observation and interview on 04/16/24 at 3:18 PM, the Director of Nurses (DON) confirmed Resident #18's fingernails were long and had a brown substance under her nails and revealed it looked like it could be food under her fingernails. Resident #18 acknowledged to the DON that she would like her fingernails cleaned.</p> <p>During an interview and observation on 4/16/24 at 3:58 PM, Licensed Practical Nurse (LPN) #1 confirmed Resident #18's nails were long, jagged, and had a brown substance under them.</p> <p>She stated nail care is supposed to be done weekly and it looks like hers hasn't been done in a while.</p> <p>A record review of Resident #18's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Unspecified dementia and Dementia.</p> <p>Resident #36</p> <p>Record review of Resident #36's Care Plan revealed Problem onset: Activities of Daily Living . Approaches: Provide nail care weekly and PRN .</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 - Few</p> | <p>An observation on 4/15/24 at 7:05 PM and again on 4/16/24 at 9:15 AM revealed Resident #36's fingernails on both hands were approximately one-half (1/2) inch long and jagged with a brown substance underneath his fingernails.</p> <p>During an interview and observation on 4/16/24 at 3:05 PM, the DON confirmed Resident #36's fingernails were long and needed to be cleaned and she would get it taken care of.</p> <p>During an interview on 4/16/24 at 4:34 PM, the Minimum Data Set (MDS) nurse confirmed she is responsible for developing the comprehensive care plans. She stated the care plan is developed so that each resident gets the appropriate individualized care they need. She confirmed the care plan for Resident #18 and Resident #36 was not followed regarding their ADL nail care and it should have been.</p> <p>During an interview on 4/16/24 at 5:05 PM, the DON confirmed the ADL care plan was not followed for Resident #18 and Resident #36. She revealed the Certified Nursing Assistants (CNAs) know what is required for ADL care and that it is part of hygiene and grooming.</p> <p>A record review of Resident #36's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Sepsis and Nutritional deficiency.</p> | | |

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| <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** 46013</p> <p>Based on observation, resident and staff interviews, record review, and facility policy review the facility failed to provide Activities of Daily Living (ADL) care for two (2) of 56 residents observed during the initial tour related to nail care. Resident #18 and Resident #36.</p> <p>Findings include:</p> <p>Review of the facility policy Activities of Daily Living (ADL's), undated, revealed .Care and services will be provided for the following activities of daily living: 1 .Bathing, dressing, grooming and oral care. 3 A resident who is unable to carry out activities of daily living will receive the necessary services to maintain .grooming and personal . hygiene.</p> <p>Resident #18</p> <p>An observation on 4/16/24 at 9:05 AM, and again at 1:55 PM, revealed Resident #18 fingernails on both hands were approximately three-fourth (3/4) inches long and jagged with a brown substance under each nail. Resident #18 stated, I guess they need to cut them.</p> <p>During an observation and interview on 04/16/24 at 3:18 PM, the Director of Nurses (DON) confirmed Resident #18's fingernails were long and had a brown substance under her nails and revealed it looked like it could be food under her fingernails. Resident #18 acknowledged to the DON that she would like her fingernails cleaned.</p> <p>An interview and observation on 4/16/24 at 3:58 PM, Licensed Practical Nurse (LPN) #1 confirmed Resident #18's nails were long, jagged, and had a brown substance under them. She stated nail care is supposed to be done weekly and it looks like hers hasn't been done in a while.</p> <p>A record review of Resident #18's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Unspecified dementia and Mood disorder.</p> <p>Resident #36</p> <p>An observation on 4/15/24 at 7:05 PM, revealed Resident #36's fingernails on both hands were approximately one-half (1/2) inch long and jagged with a brown substance underneath his fingernails.</p> <p>An observation on 4/16/24 at 9:15 AM, revealed Resident #36's fingernails long and jagged with a brown substance under each of his nails.</p> <p>An observation and interview on 4/16/24 at 2:50 PM, revealed Resident #36's fingernails remain uncut and with a brown substance under each fingernail. A family member at the bedside stated, I just told my husband that I need to cut and clean his nails, they look terrible.</p> <p>During an interview and observation on 4/16/24 at 3:00 PM, Certified Nurse Aide (CNA) #2 revealed she is assigned to Resident #36 today and she is responsible for his nail care and confirmed that she hadn't done them lately and wasn't sure when they were last done.</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 - Few</p> | <p>During an interview and observation on 4/16/24 at 3:05 PM, the DON confirmed Resident #36's fingernails were long and needed to be cleaned and she would get it taken care of.</p> <p>A record review of Resident #36's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Sepsis and Nutritional deficiency.</p> |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for 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>47874</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a resident with a catheter had a catheter securing device for one (1) of six (6) catheters in the facility. Resident #28.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Appropriate Use of Indwelling Catheters undated, revealed . Policy Explanation and Compliance Guidelines: . 7. Indwelling urinary catheters (urethral and suprapubic) will be utilized in accordance with current standards of practice, with interventions to prevent complications to the extent possible</p> <p>An observation during catheter care on 4/17/2024 at 10:15 AM, revealed Resident #28 did not have a catheter securement device, and the catheter was pulled tight with tension from the bedside drainage bag that was attached to the lower bed.</p> <p>An observation and interview on 4/17/2024 at 10:31 AM, with Certified Nurse Aide (CNA) #1 confirmed Resident #28 did not have a catheter securing device.</p> <p>An interview with the Infection Preventionist (IP) on 4/17/2024 at 11:06 AM, revealed Resident #28 should have a catheter securement device in place to prevent injury and the catheter from being ripped out during care.</p> <p>An interview with the Director of Nursing (DON) on 4/17/2024 at 12:50 PM, revealed the facility did not use catheter securement devices. She revealed it was not part of their routine care, and they had not seen a need for or had any issues with catheter injury or dislodgement.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #28 on 3/22/2022 with medical diagnoses that included Alzheimer's disease and Urinary Tract Infection.</p> |

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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to ensure a resident receiving enteral feedings via percutaneous endoscopic gastrostomy (PEG) tube received appropriate care and services to prevent possible complications for one (1) of two (2) residents observed with tube feedings. Resident #103</p> <p>Findings include:</p> <p>Record review of facility policy titled, Care and Treatment of Feeding Tubes, undated, revealed, It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. Policy Explanation and Compliance Guidelines: .6. b. Examination of the insertion site in order to identify, lessen, or resolve possible skin irritation and local infection and notify MD when need arises .10. The facility will notify and involve the physician or designated practitioner of any complications and in evaluating and managing care to address the complications and risk factors.</p> <p>An interview with Licensed Practical Nurse (LPN) #2 on 4/17/24 at 11:00 AM, revealed she was uncertain what care was ordered for the PEG site since she was unable to find an order for the PEG tube care. She stated she thought the night shift, not the day shift, performed the PEG tube care so she had not observed the site or given care for the PEG tube since there was no order.</p> <p>On 4/17/24 at 11:27 AM, an observation and interview with Resident #103 revealed he receives feeding by his PEG tube and he does not eat by mouth. He stated he has a dressing on his feeding tube, and he raised his shirt, and a drain sponge dressing was noted to be in place around his feeding tube.</p> <p>During an observation of PEG site care and interview with Registered Nurse (RN) #1 on 4/17/24 at 11:30 AM, revealed RN #1 removed the dressing around the PEG tube. A tan/brown substance in a 360-degree circle was observed around the PEG tube insertion site. RN #1 stated since there was no order for the PEG tube care, he would notify the physician to verify the needed care, otherwise, care would not be done as needed. RN #1 confirmed the drainage present on the dressing and that the area needed to be monitored, cleaned, and dressing applied to prevent skin concerns and/or infection.</p> <p>In an interview with the Director of Nursing (DON) on 4/17/24 at 1:50 PM, confirmed Resident #103 did not have an order for PEG tube care or monitoring of the site. She stated when the resident was admitted to the facility from the hospital, the PEG feeding tube was new, and a nurse contacted the physician since there were no orders for PEG care. She stated the physician told the nurse to observe the site and if there was redness or drainage to notify the physician, otherwise no routine care was needed. She stated even if dressing was not needed, basic skin care was needed to keep the site clean. She confirmed routine monitoring and care, as well as documentation, for a PEG tube site was needed. She also confirmed there were no orders for care and dressing changes. She confirmed that without adequate care of a PEG tube site, infection, skin irritation, or other complication associated with tube feedings could occur and without orders the staff would not know what care was needed to be done.</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Choctaw Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 311 West Cherry Street Ackerman, MS 39735 | |

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

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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of Resident #103's April 2024 Physician Orders revealed there were no orders for PEG tube care.</p> <p>Record review of Resident #103's April 2024 Electronic Treatment Administration Record (ETAR) revealed no treatments for the PEG tube was documented on the ETAR.</p> <p>Record review of Resident #103's Face Sheet revealed the resident was admitted to the facility on [DATE]. Diagnoses included Pneumonitis due to inhalation of food and vomit and Gastrostomy status.</p> <p>Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/3/24 revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated the resident was cognitively intact.</p> |

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| <p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>41878</p> <p>Based on staff interviews, record review and facility policy review, the facility failed to submit accurate information into the Payroll Based Journal system as required by the Centers for Medicare and Medicaid Services (CMS) which was discovered through a CMS audit of period between January 1, 2023 through March 31, 2023. Due to the audit findings, the facility was lowered to a one star on the five-star staffing rating system for the quarter of October 1, 2023 through December 31, 2023 for one (1) of four (4) quarters reviewed. Based on the facility's implementation of corrective actions completed on 06/14/23, the State Agency (SA) determined this citation to be Past Non Compliance (PNC) prior to the SA's entrance on 4/15/24.</p> <p>Findings include:</p> <p>Record review of facility policy titled, Payroll Based Journal, undated, revealed, Policy: It is the policy of this facility to electronically submit timely to CMS (Centers for Medicare and Medicaid Services) complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.</p> <p>During an interview on 4/15/24 at 7:15 PM, the Director of Nursing stated there had been an audit of the Payroll Based Journal (PBJ) information submitted and CMS determined information was not accurately submitted. She stated the final determination by CMS was in October 2023 and all information submitted since that time was accurate. She confirmed the information submitted into the Payroll Based System must be accurate to represent the staffing available to care for the residents and the facility failed to submit accurate staffing information.</p> <p>During a phone interview on 4/18/24 at 9:20 AM, the Administrator stated the facility had received an audit request from CMS for the Payroll Based Journal submissions for the time frame of January 1, 2023 - March 31, 2023, and as she collected the information for the requested time frame, she determined information had been inaccurately submitted into the PBJ system. This included some staff that worked with the hospital as well as the nursing home had their hours submitted into the PBJ system. Another inaccuracy was the previous Director of Nursing, had hours submitted after she was no longer an employee. She stated she was uncertain how these occurred, but the technology staff with the program for staffing they used was able to immediately repair the system so only accurate information on active employees was entered. She stated that since the system was repaired immediately in June 2023, all submissions after that time were accurate. She stated in October 2023, the facility received the results of the PBJ verification audit and since inaccurate information was submitted into the system during the audited quarter, the facility received a one-star staffing rating in the five-star system for a three-month time frame. She stated the facility was never short staffed and was usually overstaffed, but because of the inaccurate information submitted into the PBJ system, the star rating was lowered and was told that even a small discrepancy would cause the rating to be lowered to one star. She confirmed the facility failed to submit accurate information into the PBJ system, but these areas had been corrected.</p> <p>(continued on next page)</p> | | |

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| <p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of the PBJ Staffing Data Report for October 1 - December 23, 2023, revealed, This Staffing Data Report identifies areas of concern that will be triggered . One Star Staffing Rating - Triggered.</p> <p>Record review of letter to the facility from CMS dated 6/12/23, revealed, Upon review of the data submitted by May 14, 2023, for the time frame of January 1 - March 31, 2023, we are conducting an assessment of the data for your facility that were submitted to the PBJ staffing hours system.</p> <p>Record review of letter to the facility from CMS dated 10/23/23, revealed, We have completed our review of the information provided to support data submitted to the Payroll Based Journal (PBJ) system for the quarter ending March 31, 2023 . As a result, your facility will receive a one-star staffing rating in the 5-star Quality Rating System, which may reduce the facility's overall (composite) rating by one star for three months.</p> <p>On 4/18/24 the State Agency (SA) validated through record review and interview:</p> <ol style="list-style-type: none"> 1. The SA validated that CMS correspondence dated 6/12/23 and 10/23/23 was received and reviewed and addressed by the facility. 2. The SA validated the October 2023, November 2023 and December 2023 schedule and working schedule the facility submitted correct working hours to the PBJ system? 3. The SA validated Information Technology (IT) documentation repaired the system on date so only accurate information on active employees was entered. 4. The SA validated the April 1 through April 15, 2024 schedule and working schedule the facility reviewed each employee's time care accurately indicated the hours worked. 5. The SA validated the PBJ report for 10/1/23 through 12/1/23 was entered accurately to reflect the hours worked by each employee. 6. The SA validated an inservice dated 6/12/23 the facility inserviced the Administrator and the Business Office Manager on PBJ reporting. 7. The SA validated the facility held a Quality Assurance meeting on 7/13/23 with the Administrator, Director of Nursing, Medical Director, Infection Preventionist, Social Service Director, Registered Nurse Treatment Nurse, Medical Records Nurse, Minimum Data Set Nurse, Dietary Manager, Activities Director, and another Registered Nurse. During the meeting, discussed areas included the correction of the errors which included ensuring only active employees were in the time system and ensuring software company adjusted the system so only hours worked in the facility would be included in the PBJ submissions. On 6/13/23, prior to the Quality Assurance meeting, the PBJ concerns as well as the resolutions initiated were discussed. Attendance for this meeting included the Administrator, Director of Nursing, Nursing Supervisor, Infection Control, Wound Care Nurse, MDS Nurse, Medical Records staff, Activities Director, Therapy Director, Social Service Director, Dietary Manager. The Medical Director was notified by phone of the PBJ concerns, plan, and resolution. | | |

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| <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>47874</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to discard soiled linen in a safe and sanitary manner to prevent the possibility of the spread of infection for one (1) of three (3) care observations. Resident #28</p> <p>Findings Include:</p> <p>Record review of the facility policy titled Handling Soiled Linen undated, revealed Policy: It is the policy of this facility to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infection . Policy Explanation and Compliance Guidelines: 1. Linen can become contaminated with pathogens from contact with intact skin, body substances, or from environmental contaminants . 3. Linen should not be allowed to touch the . floor and should be handled as little as possible . 4. Used or soiled linen shall be collected at the bedside and placed in a linen bag or designated linen receptacle .</p> <p>An observation during catheter care for Resident #28, on 4/17/2024 at 10:15 AM, with Certified Nurse Aide (CNA) #1, revealed after completing the necessary care, she discarded two (2) soiled bath towels on the floor that had been used to provide catheter care. She picked up the towels and placed them into a trash bag before exiting the room.</p> <p>An interview with CNA #1 on 4/17/2024 at 10:31 AM, confirmed following catheter care for Resident #28, she discarded two (2) soiled bath towels on the floor. She revealed she should have placed them in a bag because they were contaminated to prevent the spread of germs.</p> <p>An interview with the Director of Nursing (DON) on 4/17/2024 at 12:50 PM, revealed that soiled linen was to be disposed of in a bag while the care was provided and not thrown on the floor to prevent the spread of infection.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #28 on 3/22/2022 with medical diagnoses that included Alzheimer's disease and Urinary Tract Infection.</p> | | |