

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445447	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Mission Convalescent Home		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Glass St Jackson, TN 38301	

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** 30974</p> <p>Based on medical record review and interview, the facility failed to ensure assessments were completed to accurately reflect the resident's status for dialysis for 1 of 1 (Resident #7) sampled residents reviewed for dialysis.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Diabetes, Insomnia, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and End Stage Renal Disease.</p> <p>Review of the annual Minimum Data Set (MDS) dated [DATE], revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. Dialysis was not documented.</p> <p>During an interview on 9/18/2024 at 8:36 AM, the MDS Coordinator was asked should dialysis be coded on the annual MDS. MDS Coordinator stated, Yes dialysis should be on there .</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835</p> <p>Based on policy review, medical record review, and interview, the facility failed to revise and update a care plan for 1 of 2 (Resident #11) residents reviewed for care plans.</p> <p>The Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled Fall Prevention Program, dated 4/2/2024, revealed .when any resident experiences a fall, the facility will .review the resident's care plan and update as indicated . 2. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Alzheimer's, Gastronomy, and Dysphagia. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #11 had severe cognitive impairment without behaviors and was dependent on staff for all care. Further review of the MDS revealed Resident #11 was always incontinent of bowel and bladder, and no falls since admission.</p> <p>Review of Nursing Progress notes on 8/1/2024, revealed that Resident #11 was found lying on the floor next to her bed wrapped up in a blanket. Staff was unable to come to a conclusion of how she got out of the bed since she was bedridden.</p> <p>Resident #11's care plan was not revised or updated to reflect the 8/1/2024 fall and interventions for the fall.</p> <p>During an interview on 9/18/2024 at 8:54 AM, the Director of Nursing confirmed that the care plan should have been updated to reflect an actual fall and intervention.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure staff followed physician orders for 1 of 1 (Resident #88) sampled residents reviewed receiving oxygen.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled Oxygen Administration, dated 4/2/2024, revealed .Oxygen is administered under the orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control . 2. Review of the medical record revealed Resident #88 was admitted to the facility on [DATE], with diagnoses including Sepsis, Multiple Myeloma, Anxiety, Congestive Heart Failure, Depression, and Chronic Respiratory Failure. <p>Review of the Physician's Order dated 8/29/2024, revealed .oxygen at 2L [Liters] per BNC [Binasal Cannula] every shift .</p> <p>Review of the Medication Administration Record dated 9/2024, revealed Oxygen at 2 liters per BNC every shift was assessed by staff and initialed for completion.</p> <p>Review of the Minimum Data Set, dated dated [DATE], revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated Resident #88 was cognitively intact.</p> <p>Observation in the resident's room on 9/16/2024 at 4:44 PM, revealed Resident #88 was receiving 3 liters of oxygen per minute with binasal cannula.</p> <p>Observation in the resident's room on 9/17/2024 at 7:38 AM and 8:10 AM, revealed Resident #88 was receiving oxygen at 4.5 liters per minute by nasal cannula.</p> <p>During an interview on 9/17/2024 at 8:24 AM, the Director of Nursing (DON) was asked to confirm what Resident #88's oxygen was set at. The DON confirmed that the resident's oxygen was set at 4.5 liters per minute. The DON confirmed resident's oxygen order was for 2 liters per minute and should be set at 2 liters per minute.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30974</p> <p>Based on policy review, medical record review and interview, the facility failed to have a physician's order to provide dialysis for 1 of 1 (Resident #7) sampled residents reviewed for dialysis.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled .Dialysis Policy, dated 8/12/2015, revealed .Residents who have End Stage Renal Disease [ESRD] and receive dialysis shall be provided care consistent with professional standards of practice, the physicians/practitioner's orders, and in accordance with the resident goals and preferences .Vascular Access [is] a connection made between an artery and a vein to provide good blood flow for dialysis. Bruit [is] a constant rumbling sound such as swishing or whoosh sound heard via stethoscope placed on the access .Thrill [is] a steady vibration or rumbling sensation felt at the AV [Arteriovenous] graft/fistula site .Medical conditions shall be monitored and managed to prevent complications .Licensed nurses shall participate in the management of medical conditions by following physicians orders, assessing the resident, and reporting changes in condition or behavior to the physician . Infection control practices shall be followed .Documentation shall include .Skin integrity at the access site [document every shift] .Presence of thrill and bruit of the AV graft/fistula [document every shift] .Evidence of infection, bleeding, and other complications .</p> <p>2. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and End Stage Renal Disease.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. Dialysis was not documented on the assessment.</p> <p>Review of the facility's Order Summary Report, dated 9/17/2024 revealed there was no order for dialysis.</p> <p>During an interview on 9/17/2024 at 8:40 AM, the Director of Nursing (DON) was asked should Resident #7 have a Physician's order for dialysis. The DON confirmed it should be documented and she did not see dialysis coded.</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>47835</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was stored properly when 4 bags of frozen chicken breasts and a thick build up of ice crystals were found in 1 of 2 reach-in freezers, and 1 of 1 nourishment refrigerator had unlabeled, undated foods, and a dirty freezer that did not have a thermometer or temperature logs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's undated policy titled FOOD FROM OUTSIDE SOURCES, revealed .Perishable food should be sealed and dated with a use-by date and placed in refrigeration .and/or nourishment room refrigerators .clean the refrigerators .discard outdated or uneaten foods . Review of the facility's policy FOOD STORAGE, dated 11/1/2014, revealed .Frozen Meat/Poultry and Foods .store items .at 0 degrees or less . 2. Observation in the reach-in freezer on 9/16/2024 at 9:38 AM and 9/17/2024 at 11:47 AM, revealed 4 bags of frozen chicken breasts with a thick white build-up of ice in all 4 bags. The bags were frozen together at the bottom of the freezer. 3. Observation in the Nutrition Refrigerator on 9/18/2024 at 7:46 AM, revealed the following: <ol style="list-style-type: none"> a. An unlabeled and undated bag containing a water bottle and peanut butter crackers. b. An unlabeled and undated bag containing a bottle of lemonade, a banana, and a container of food. c. The freezer had multiple brown sticky spots and food particles on both the top and bottom area and on the door shelves. d. The freezer did not have a thermometer or a temperature log. 4. During an interview on 9/18/2024 at 8:24 AM, the Certified Dietary Manager (CDM) confirmed the Nutrition Freezer should be clean and that all food put in the freezer or refrigerator should be initialed and dated. The CDM confirmed that there should be a thermometer in the freezer and a freezer log to monitor the temperature. The DM also confirmed that the Kitchen's freezer should not contain compromised frozen foods.

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>49269</p> <p>Based on review of staff in-services, and interview the facility failed to ensure the mandatory annual 12 hours of Certified Nursing Assistant (CNA) in-service training hours were completed for 4 of 19 sampled CNA's (CNA A, B, C and D) reviewed for inservices.</p> <p>The findings include:</p> <p>Review of a list of CNA staff provided by the facility revealed CNA A was hired on 10/6/1999, CNA B was hired on 5/19/2005, CNA C was hired on 7/15/2014, and CNA D was hired on 5/2/2022.</p> <p>The facility was unable to provide documentation of 12 hours of required in-service training for CNAs A, B, C, and D for the past 12 months.</p> <p>During an interview on 9/18/2024 at 10:44 AM, the DON was asked about the CNA in-service hours. The DON confirmed she was unable to provide the documentation.</p> <p>The facility was unable to provide documentation of the mandatory annual CNA in-service hours.</p>