| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 20GE | A. BUILDING: _____ B. WING _____ | 12/20/2023 |

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| GEORGE REGIONAL HEALTH & REHAB CENTER | 859 WINTER ST LUCEDALE, MS 39452 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 12/18/2023 through 12/20/2023. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M610, M715, and M815. | M 000 | | |
| M 610 SS=D | 45.21.2 Activities of daily living<br><br>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, interviews, record review, and the facility policy review, the facility failed to provide Activities of Daily Living (ADL) care for a resident who was dependent upon staff for toenail care for one (1) of two (2) residents reviewed for ADL care. Resident #34<br><br>Findings include:<br><br>Review of the facility's policy "Activities of Daily Living (ADLs), Supporting", revised 1/12/2021, revealed "Policy Statement ... Residents who are unable to carry out activities of daily living | M 610 | 1.Immediate action(s) taken for the resident(s) found to have been affected include:<br>Nail care was provided for resident #34 on December 19, 2023. The Director of Nursing and the treatment nurse completed an assessment of each residents nails on December 22, 2023. Residents refusing nail care will be care planned with the refusal documented in the resident□s medical record.<br><br>2.Identification of other residents having the potential to be affected was accomplished by: | 1/12/24 |

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| M 610 | Continued From page 1<br><br>independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene ...Policy Interpretation and Implementation ...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently ...including appropriate support with: a. Hygiene (bathing, dressing, grooming) ..."<br><br>Review of the facility's policy "Fingernails/Toenails, Care of", revised 02/2018, revealed " ...Purpose: The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections ... General Guidelines 1. Nail care includes daily cleaning and regular trimming ... 6. Stop and report to the nurse supervisor if ... if nails are too hard or too thick to cut with ease ... Documentation The following information should be recorded in the resident's medical record: 1. The date and time that nail care was given ..."<br><br>On 12/18/23 at 11:09 AM, during an interview and observation, Resident #34 had long, thick toenails. Resident #34 explained that her toenails needed to be clipped and she was unable to do it herself because she had arthritis, and the nails were too thick.<br><br>On 12/19/23 at 8:55 AM, during an interview and observation with Resident #34, her toenails remained long and untrimmed. She reported they were so long that they would get caught on her socks and bed linens. She expressed that she could not clip them herself and would like to have them trimmed.<br><br>On 12/19/23 at 9:45 AM, during an interview with Certified Nurse Aide (CNA) #3, she explained that Resident #34 was very independent with ADLs | M 610 | On Dec 22, 2023 the Director of Nursing and the Treatment Nurse completed a nail audit on all resident□s dependent on staff for nail care. Finding from this assessment revealed that all resident□s dependent on staff for nail care have the potential to be affected.<br><br>3.Actions taken/systems put into place to reduce the risk of future occurrence include:<br>An in-service was conducted by the Director of Nursing to the treatment nurse and all direct care staff addressing the proper care of nails including resident□s preference, the refusal of care, and high risk conditions on December 27 and December 29, 2023. The incident of Resident #34 was taken to the Quality Assurance (QA) Committee on January 5, 2024. This incident will be brought before the QA Committee again on January 17, 2024.<br><br>4.The following corrective action(s) will be monitored to ensure the practice will not reoccur:<br>Beginning on Dec 22, 2023The treatment nurse will review nail care for ten residents out of the census weekly for twelve consecutive weeks to ensure nail care is provided for all dependent residents. The treatment nurse will make a log of her findings, and she will report them to the Director of Nursing. Beginning on December 22, 2023 the Director of Nursing will audit the logs weekly for twelve weeks. Beginning on December 22, 2023 findings of this audit will be discussed at weekly Quality Assurance | |

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| M 610 | Continued From page 2<br>but was unsure if the resident preferred to keep her toenails long. She explained the CNAs completed nail care, including clipping the nails, if the resident did not have a diagnosis of Diabetes Mellitus (DM). If the resident had DM, then a Registered Nurse (RN) had to clip or trim the nails.<br><br>On 12/19/23 at 11:30 AM, during an interview with the Director of Nursing (DON), she explained that a podiatrist visited the facility every three (3) months and tried to see all the residents. The last time the podiatrist visited the facility was on 10/25/23. The RNs were responsible for clipping the toenails in-between the time of podiatrist visits. The facility also had a treatment nurse on weekends that clipped resident nails as needed.<br><br>A record review of the "Physician Orders" for the month of December 2023, revealed Resident #34 had a Physician's Order, dated 11/20/23, for "Weekly toenail audit on body audit day N= toenails do not need to be trimmed Y=request form for NP (Nurse Practitioner) to evaluate toenails on next visit ..."<br><br>A record review of the electronic Treatment Administration Record (eTAR), for the month of December 2023 for Resident #34, revealed facility staff recorded "N" (toenails do not need to be trimmed) on 12/04/23, 12/11/23, and 12/18/23.<br><br>On 12/20/23 at 10:50 AM, during an interview with Licensed Practical Nurse (LPN) #5/Wound Care Nurse, she explained she completed the weekly body audits for Resident #34 and the resident's toenails were part of the body audit. She stated that she only observed the toenails, but she did not touch them and does not know the purpose of the toenails being on the body | M 610 | and Performance Improvement (QAPI) meetings for twelve weeks. Beginning on January 12, 2024 this plan of correction will be monitored at the quarterly Quality Assurance (QA) meeting for three months.<br><br>5. Corrective Action Plan Completion date:<br>Corrective Action Completion Date January 12, 2024. | |

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| M 610 | Continued From page 3<br>audit. She confirmed Resident #34's toenails were long and had been long for some time. She stated that she charted "no trim" because she was not responsible for trimming them. LPN #5 also confirmed that she did not document that Resident #34 had long toenails, nor did she tell a RN that the toenails were long and needed to be trimmed.<br><br>On 12/20/23 at 11:20 AM, during an interview with the DON and Resident #34, the DON observed Resident #34's toenails and confirmed the resident's toenails were long and thick. Resident #34 stated that her toenails needed to be clipped. The DON stated that she expected the RNs to clip resident toenails if needed. She also stated that she expected the wound care nurse to notify a RN if any resident's toenails needed to be clipped.<br><br>A record review of the "Face Sheet" revealed the facility admitted Resident #34 on 05/11/20 with diagnoses including Type 2 Diabetes Mellitus, Unspecified Osteoarthritis, and Age-related Physical Debility.<br><br>A record review of the Quarterly Minimum Date Set (MDS) with an Assessment Reference Date (ARD) of 11/01/23 revealed Resident #34 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. | M 610 | | |
| M 715 | 45.24.4 Labeling of drugs<br><br>Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. | M 715 | | 1/12/24 |

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| M 715 | Continued From page 4<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observations, staff interview, record review, and facility policy review the failed to ensure multidose insulin pens were dated when opened for six (6) of 19 diabetic residents who are prescribed multidose insulin pens.<br><br>Findings Include:<br><br>Review of the facility's policy, "Labeling of Medication Containers", revised 4/2007, revealed, " Policy Statement ...All medications maintained in the facility shall be properly labeled in accordance with the current state and federal regulations ...Policy Interpretation and Implementation ...3. Labels for individual drug containers shall include all necessary information, such as ...h. The expiration date when applicable; ..."<br><br>On 12/18/23 at 3:30 PM, an observation of the 600 Hall medication cart, with Licensed Practical Nurse #2 (LPN), revealed an opened NovoLog FlexPen pre-filled multi-dose insulin pen with no date indicating when the pen was opened. LPN #2 confirmed there was no date on the multi-dose pen or the box the pen was stored in. LPN #2 stated that all insulin pens should have a date written on the pen or box indicating the date it was opened so the insulin could be discarded on the 28th day. LPN #2 explained that the nurse is responsible for dating the insulin when it is opened and that administering insulin after the discard date could cause the insulin to be less effective.<br><br>On 12/19/23 at 9:39 AM, an observation of the | M 715 | 1. Immediate action(s) taken for the resident(s) found to have been affected include:<br>On 12/20/203 the six residents having multi-dose insulin pens that were open and unlabeled were provided new insulin pens, all six being labeled and dated upon opening. The opened, unlabeled pens were discarded.<br><br>2.Identification of other residents having the potential to be affected was accomplished by:<br>On 12/22/2023 the Charge Nurse conducted an audit of all residents having a physician order for an insulin pen. The facility has determined that the six diabetic residents identified with prescribed insulin pens have the potential to be affected.<br><br>3. Actions taken/systems put into place to reduce the risk of future occurrence include:<br>Licensed Practical Nurse (LPN) #2 and LPN #3 were in-serviced on the labeling of drugs and biologicals by the Director of Nursing on December 22, 2023. All nurses were in-serviced by the Director of Nursing on the labeling of drugs and biologicals on December 27th and December 29, 2023. The incident of the residents was taken to the Quality Assurance (QA) Committee on January 5, 2024.<br><br>4.How the corrective action(s) will be monitored to ensure the practice will not reoccur:<br>Beginning on December 22, 2023, weekly | |

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| M 715 | Continued From page 5<br><br>300 Hall medication cart, with LPN #3, revealed a NovoLog FlexTouch prefilled multi-dose insulin pen with no date indicating when the pen was opened. LPN #3 stated that the pen should be dated so the nurses would know when to discard the insulin. She explained that giving opened insulin past the discard date could make the insulin less effective.<br><br>Record review of the Manufacturer's literature revealed the Novolog FlexPen and Novolog FlexTouch insulins that are "In-use" could be stored for 28 days and "Instructions for Use" indicated, " ...Do not use NovoLog past the expiration date printed on the label or 28 days after you start using the Pen ..."<br><br>On 12/20/23 at 3:09 PM, in an interview with the Director of Nursing (DON), she stated that insulin should be dated when it is opened by the nurse to ensure they were discarded timely. The DON explained that if a nurse gave an insulin injection to a resident after the time it should have been discarded, the insulin might not work as well. | M 715 | for a period of twelve weeks, the Staff Development Nurse will audit all medications carts monitoring for the correct labeling of opened insulin pens and she will maintain a log of her findings. Beginning on December 22, 2023 the Medical Records Nurse will audit these logs for twelve weeks. Beginning on December 22, 2023 the findings of this audit will be discussed at the weekly Quality Assurance and Performance Improvement (QAPI) meetings for twelve weeks. Beginning on Jan 12, 2024 this plan of correction will be monitored at the quarterly Quality Assurance (QA) Meeting for three months.<br><br>5.Corrective Action Completion Date<br>Corrective Action completion date January 12, 2024 | |
| M 815 | 45.29.1 Safe Food Handling Procedures<br><br>Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interviews, and facility policy review, the facility failed to store foods safely as evidenced by food left open and | M 815 | 1.Immediate action(s) taken for the resident(s) found to have been affected include:<br><br>On December 18, 2023, the Dietary | 1/12/24 |

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| M 815 | Continued From page 6<br>exposed on shelves, undated/unlabeled foods without a use-by -date, food stored without an identifying label, and not discarding food items after their "use-by" or "sell-by" date for one (1) of two (2) kitchen observations.<br><br>Findings Include:<br><br>A review of the facility's policy titled, "Food and Supply Storage", review date 08/2021, 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 ... Most products contain an expiration date. The words "sell-by" or "use-by" should precede the date ... The "sell-by", "best-by" or "use-by" date is the last date that a food can be consumed... Foods past the "use-by", "sell-by", "best-by", or "enjoy-by" date should be discarded ...Cover, label and date unused portions and open packages ..."<br><br>On 12/18/23 at 10:44 AM, an initial tour of the kitchen with the Dietary Manager revealed the following:<br>1. In refrigerator #1 there was (1) opened, undated container of sliced jalapeno peppers partially covered by plastic wrap, with one corner of the container exposed. There were three (3) one-pound blocks of margarine with no date on the wrapper. The margarine blocks had wrappers that were pulled back, exposing the margarine. There were 45 individual serving bowls of what the dietary manager identified as carrot cake, with no label or use by date noted on the bowls. There was (1) opened plastic bag, with decorating tip of dairy whipped topping, with no dates noted on the bag. There were (2) five-pound unopened plastic bags of shredded cheddar cheese with no date | M 815 | Manager made sure that all exposed foods were closed, and all undated, unlabeled foods without a “use by” date were discarded. All foods stored with an expired “use by” or “sell by” date were also discarded. The Dietary Manager inspected and ensured all unused portions and opened packages were covered, labeled, and dated.<br><br>2.Identification of other residents having the potential to be affected was accomplished by:<br>On December 22, 2023 the Nursing Hone Administrator conducted an interview with the Dietary Manager to be informed that the kitchen had failed to properly store and label foods. This interview revealed that all residents receiving meals from the kitchen have the potential to be affected.<br><br>3. Actions taken/systems put into place to reduce the risk of future occurrence include:<br>On December 22, 2023, the Dietary Manager was in-serviced by the Administrator on the policies of Food Procurement, Store/Prepare/Serve Sanitary. On December 27th and December 29th, 2023, the Dietary Manager in-serviced all Dietary staff on Food Procurement, Store/Prepare/Serve Sanitary. Citation F812 was taken to the Quality Assurance (QA) Committee on January 5, 2024.<br>4. The following corrective action(s) will be monitored to ensure the practice will not reoccur:<br>Beginning December 22, 2023 weekly, for a period of twelve weeks the Nursing | |

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| M 815 | Continued From page 7<br>on the package Additionally, there was (1) unopened half gallon of butter milk with a sell by date of 12/06/23 and (1) large unopened plastic package of salad mix, containing lettuce, carrots, and purple cabbage, with a use by date of 11/29/23.<br><br>2. An observation of the freezer revealed there was (1) undated, plastic storage bag of cornbread. There were two (2) undated, unopened packages of frozen waffles and (1) opened, undated package of waffles. Additionally, there were six (6) undated,unlabeled and unopened slabs of pork ribs as identified by the Dietary manager and (1) undated, turkey breast.<br><br>3. An observation of a shelf in the food preparatory area revealed seven (7) containers of seasonings with the lids opened and the seasonings exposed. There was also (1) bag opened bag of light brown sugar, leaving the sugar exposed. No staff were standing near the seasoning or sugar, indicating that they were being used.<br><br>On 12/18/23 at 10:44 AM, during an interview with the Dietary Manager (DM), he acknowledged the outdated, unlabeled, opened, and exposed foods. The DM stated it is a mistake but understands the hazard of having outdated foods that a resident could consume. The DM stated these items should have been discarded. The DM revealed it is every kitchen employee's responsibility to watch for expired foods and discard food as it reaches the expiration date. The DM stated the staff that opens a container should put an open date on the package.<br><br>On 12/19/23 at 10:52 AM, an interview with Kitchen Staff #2/Cook, revealed everyone is | M 815 | Home Administrator will conduct an unannounced kitchen audit to ensure that Food Procurement, Store/Prepare/Serve Sanitary requirements are being met. The Administrator will maintain a log of her findings. Beginning December 22, 2023 the Director of Support Services will audit these logs weekly for twelve weeks. Beginning Dec 22, 2023 findings of this audit will be discussed at the weekly for twelve weeks at the Quality and Performance Improvement (QAPI) meetings with the Dietary Manager present. Beginning on January 12, 2024 this plan of correction will be monitored at the quarterly Quality Assurance (QA) meetings for three months.<br><br>5.Date of completion of the Corrective Action Plan<br><br>The corrective Action completion date is January 12, 2024. | |

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| M 815 | Continued From page 8<br>responsible for disposing of expired foods. The cook stated all kitchen staff are supposed to look at labels and are responsible for dating an item when it is opened.<br><br>On 12/19/23 at 10:55 AM, during an interview with Kitchen Staff #3/Prep, revealed all staff are supposed to look at labels and are responsible for disposal of expired foods. Kitchen Staff #3 reported it is the responsibility of the person that opens a food item to date that item.<br><br>On 12/19/23 at 11:36 AM, during an interview with the Administrator, acknowledged the failure of the facility to discard outdated foods, to label foods properly, and to securely close food containers. The Administrator confirmed the potential hazard of a resident consuming outdated foods. The Administrator stated her expectation is that the kitchen staff will monitor for outdated foods and dispose of these foods immediately, as she expects the kitchen staff to ensure food safety for residents. | M 815 | | |