MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42CG	A. BUILDING: _____ B. WING _____	C 10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENT	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual survey with a complaint investigation (CI MS #26450) at the facility from 10/22/24 through 10/24/24. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M 610 for CI MS# 26450 for failure to provide Activities of Daily Living (ADLs). The SA also cited M 500, M 625, M 655, M 970, M 1020, and M 1570. The census at the time of the survey was 96 with a bed capacity of 110 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate	M 500		11/22/24

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medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion,

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M 500	Continued From page 2	M 500		

discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

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M 500	Continued From page 3 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on observations, staff interviews, record	M 500	Preparation and submission of this plan of	

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M 500	Continued From page 4 review and facility policy review, the facility failed 1) to ensure that residents' dignity was not compromised as evidence by Multi Drug Resistant Organism (MDRO) signs on resident's doors for 12 of 96 residents reviewed for dignity; and 2) failed to secure electronic health records as evidenced by an Electronic Medication Administration Record (EMAR) visible while the medication cart was unattended on the East Short Wing medication cart for one (1) of three (3) medication carts. Resident #13 Findings Include: Record review of the facility policy titled, "Resident Rights" with a revision date of 1/11/24 revealed that..."Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside Facility. Facility must protect and promote the rights of each resident, including each of the following rights: 1. Exercise of Rights ...c. Resident has the right to be treated with dignity and respect for the personal integrity of the individual ..." An observation on 10/22/24 during initial tour of the resident doors in the facility revealed there were MDRO signs on the following rooms: 110, 111, 122, 125, 128, 132, 208, 215, 218, 223, 225, and 228. An interview and observation on 10/23/24 at 8:45 AM, with Registered Nurse (RN) #1 confirmed that Residents #4 and #19 had signs on their room doors that read, "Multi Drug Resistance Organisms-MDRO is a threat to the residents". She stated that neither of these residents had MDRO. She revealed she thinks they put that up	M 500	correction by Crystal Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F550- Resident Rights/Exercise of Rights On 10/22/24, Infection Preventionist removed the Multi Drug Resistant Organism (MDRO) signs from the doors of resident rooms 110, 111, 122, 125, 128, 132, 208, 215, 218, 223, 225, and 228. Proper signage for droplet isolation was placed on residents doors of rooms 110, 111, 122, 125, 128, 132, 208, 215, 218, 223, 225 and 228. 2. All residents have the potential to be affected. 3.On 10/24/24, Corporate Clinical Specialist (CCS) educated the Director of Nursing (DON) and the Infection Preventionist/Assistant Director of Nursing (ADON) on applying the appropriate signage to residents doors and on Residents Rights. 4. Beginning on 10/24/24, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON)/Infection Preventionist will conduct observations of residents doors three (3) times a week for four (4) weeks then monthly for three (3) months to ensure proper signage is placed. The	

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M 500	Continued From page 5 on their doors because those residents needed Enhanced Barrier Precautions (EBP). She revealed she thinks these MDRO signs would be a dignity issue for the resident since it implied the resident had MDRO. An interview and observation on 10/23/24 at 9:00 AM, with the Assistant Director of Nurses (ADON)/Infection Preventionist (IP) confirmed that Resident #4, #19, and #38 had signs on their door that read MDRO, and they do not have MDRO. She realizes that is the wrong sign to have put on their door. She confirmed that none of these residents have MDRO, but even if they did, we would not put that on their doors. She confirmed they had put those signs on the doors of any resident that needed Enhanced Barrier Precautions (EBP) but revealed she has the correct signs for EBP. She stated there was only one resident in the building that has MDRO. She confirmed that those signs were inappropriate and would be a dignity issue for those residents. An interview on 10/23/24 at 9:15 AM, with the Administrator confirmed that having signs on resident doors that read "MDRO is a threat to our residents" would be a dignity issue for the residents residing in those rooms. Record review of the MDRO signage revealed it read; "Multidrug-resistant organisms (MDROs) are a threat to our residents" in bold print at the top of the sign. Below the header it read "Enhanced Barrier Precautions (EBP) Steps ..." Resident #13 Review of the facility policy titled, "Resident Rights" with a revision date of 1/11/24 revealed, "12 ... Privacy and Confidentiality. Resident has the right to personal privacy and to confidentiality	M 500	DON or ADON will report findings to the Quality Assurance Performance Improvement Committee on 11/19/24 and monthly for three (3) months for review and further recommendations. F583- Personal Privacy/Confidentiality of Records On 10/23/24, Registered Nurse (RN) #1 was in-serviced by Assistant Director of Nursing (ADON) on Resident Rights with confidentiality of residents personal and clinical records. RN #1 cleared resident #13 clinical information from the computer screen. All residents have the potential to be affected. On 10/28/24, licensed nurses were in-serviced by Director of Nursing (DON) on Residents Rights with confidentiality of resident personal and clinical records. On 10/28/24, Director of Nursing (DON) or Assistant Director of Nursing (ADON) will make rounds observing/auditing three (3) medication carts three (3) times a week for four (4) weeks and then monthly for three (3) months to ensure privacy and residents rights are maintained as it pertains to residents personal and clinical records. Director of Nursing (DON) or Assistant Director of Nursing (ADON) will report findings to the Quality Assurance Performance Improvement Committee starting 11/19/24, then monthly for three (3) months. Any concerns will be addressed immediately and any corrective	

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M 500	Continued From page 6 of his/her personal and clinical records". An observation on 10/23/24 at 8:05 AM, of a computer that was located on an unattended medication cart on the East Short Wing revealed the computer was opened with Resident #13's EMAR information visible on the screen and the screen was visible to anyone passing by the cart. The visible information included Resident #13's name, medications, and room number. An interview on 10/23/24 at 8:08 AM, Registered Nurse (RN) #1 revealed she is assigned to the medication cart and confirmed that the EMAR for Resident #13 was visible on the screen to anyone walking by and was supposed to be closed when she was away from the cart. She revealed that this is a violation of keeping the resident's medical records private. An interview on 10/23/24 08:44 AM, the Assistant Director of Nurses (ADON) revealed that a resident's information should never be left up on the computer screen while the cart is unattended and revealed that there is a privacy button that is supposed to be pushed before the nurse steps away from the computer. The ADON confirmed this is a privacy issue. Record review of Resident #13's "Admission Record" revealed the resident was admitted to the facility on 05/29/2021 with diagnoses that included Aphasia, Cerebral infarction, and Traumatic Hemorrhage of Cerebrum.	M 500	action will be evaluated by the QAPI committee for further recommendations. The Director of nursing (DON) is responsible for ongoing compliance.	
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of	M 610		11/22/24

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M 610	Continued From page 7 daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Pattern Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to provide personal hygiene for four (4) of 26 sampled residents as evidenced by failure to provide nail care (Resident #11, #13, #47, and #51) and shave a resident (Resident # 47). Findings Include: Review of the facility policy titled, "Activities of Daily Living (ADL) Supporting" with a revision date of March 2018 revealed, "Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene." Resident #11 An interview and observation on 10/22/24 at 10:05 AM with Resident #11 revealed the resident is non-verbal but indicated that she does not receive toenail care. The resident pulled off her	M 610	Preparation and submission of this plan of correction by Crystal Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F 677/M610 ADL Care Provided for Dependent Residents On10/25/2024 Podiatrist trimmed Resident # 11 toenails. On 10/23/2024 Register Nurse (RN) trimmed Resident # 13 fingernails. On 10/23/2024 Certified Nursing Assistant (CNA) trimmed Resident # 47 fingernails and shaved Resident # 47. On 10/23/2024 Registered Nurse trimmed Resident # 51 toenails. On 10/29/2024 The Director of Nursing (DON) and The Assistant Director of Nursing (ADON) assessed all residents for personal care needs. All residents have the potential to be	

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M 610	Continued From page 8 left sock and shoe and pointed to her left great toe and her left 5th small toe. This observation revealed that the resident's left great toenail was jagged and 1/2 inch long with a band aid dated 10/21/24 on her left 5th toe. Resident #11 picked up a 1/2-inch sized item off of her bed and verified it was the toenail from her left 5th toe, by shaking her head yes. The resident indicated, by shrugging her shoulders, that she had not recently seen a Podiatrist, nor did she recall the last time her toenails had been cut. An observation and interview on 10/23/24 at 9:00 AM with Registered Nurse (RN) #1 she verified that Resident #11's left great toenail was long and jagged. She stated that if the resident is diabetic then it is the RN's responsibility for cutting the resident's nails. She verified that she had no idea when the resident had last seen the Podiatrist or had her toe nails cut, but that the resident did need them cut. An interview with the Assistant Director of Nursing (ADON) on 10/23/24 at 9:15 AM she confirmed that the nurses were responsible for cutting toenails for residents who were diabetic. She stated that residents' toenails should be checked daily during care and cut if needed. She stated that they did not have a schedule for checking and cutting toenails. She verified that Resident #11 had lost the toenail on her left 5th toe, but she was unsure how. The ADON agreed that the lack of nail care could have contributed to the resident losing her toenail. Record review of the Podiatric Services Report for Resident #11 revealed that she was last seen by a podiatrist on 5/1/23. An Interview with the ADON on 10/23/24 at 1:45	M 610	affected. On 10/28/2024 Director of Nursing in-serviced Nurses and Certified Nursing Assistants' (CNA) on performing Activities of Daily Living (ADL) to include trimming fingernails, toenails, and shaving residents. On 10/28/2024 Director of Nursing (DON) and Assistant Director of Nursing (ADON) will make walking rounds to ensure Activities of Daily Living (ADL) are provided to resident to include fingernail, toenail, and shaving. Will observe fifteen (15) residents a week for four (4) weeks then monthly for three (3) months and then quarterly. Director of Nursing (DON) will report to Quality Assurance Improvement Committee beginning on 11/19/2024 and monthly for three (3) months and then quarterly for further review and recommendations. Director of Nursing and Assistant Director of Nursing is responsible for monitoring and compliance.	

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PM verified that Resident #11 had not seen a podiatrist since 5/1/23. She stated that they currently did not have a podiatrist to see the residents and was unsure of how long they had been without one. She verified that foot care and nail care had not been provided for Resident #11 and this could have contributed to her losing her toenail.

A review of the Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 7/4/24 for Resident #11 revealed a Brief Interview of Mental Status (BIMS) score of 13, indicating that the resident is cognitively intact.

The "Admission Record" review revealed that the facility admitted Resident #11 on 1/7/16 with a diagnosis of Diabetes Mellitus.

Resident #13

An observation of Resident #13 on 10/22/24 at 10:12 AM revealed he was lying in bed with his eyes open. The fingernails on both hands were long, measuring approximately one-half (1/2) inch in length.

An observation and interview with RN #1 on 10/23/24 at 8:58 AM confirmed Resident #13 had long nails and could potentially scratch someone or himself. She revealed the nails should be checked with bathing and stated the resident was diabetic and his nails must be cut by a nurse. She revealed the nails should be checked every week to see if they needed trimming.

An interview with the ADON on 10/23/24 at 9:05 AM revealed a nurse must cut Resident #13's nails because he was diabetic. She confirmed he

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could scratch himself and with him being diabetic that could cause issues. She revealed the facility did not have a task set up for the diabetics to get nail care routinely, it was just something they knew to do.

Record review of the "Admission Record" revealed the facility admitted Resident #13 on 5/29/21 with medical diagnoses that included Type 2 Diabetes Mellitus, Hemiplegia and Hemiparesis following Cerebral Infarction.

Resident #47

An observation and interview on 10/22/24 at 9:50 AM, revealed Resident #47's fingernails on both hands were approximately one-half (1/2) inch long past the tips of his fingers with a brown substance underneath the fingernails. Resident #47 had facial hair on his chin and neck, approximately one and a half (1.5) inches long. Resident #47 revealed that it's been over two months since he had his nails cut or his face shaved. He revealed that he goes to the beauty shop every month, and she cuts his hair, but if he wants to be shaved by her, it costs extra, and he can't afford that. He revealed that the Certified Nurse Assistants (CNA) do not offer to shave him. Resident #47 revealed he likes to be shaved and for his fingernails to be short.

An observation on 10/22/24 at 1:50 PM revealed that Resident #47's appearance had not changed from the earlier observation.

An observation on 10/23/24 at 08:36 AM revealed Resident #47's appearance was unchanged from the previous day.

An interview and observation on 10/23/24 at 9:05

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M 610	Continued From page 11 AM, Certified Nurse Aide (CNA) #7 revealed that she is assigned to Resident #47 today, and it is the CNA's responsibility to shave the resident and do his nail care. She confirmed that Resident #47 needed to be shaven, and his fingernails were long and dirty. An interview on 10/23/24 at 9:25 AM, the Activities Director (AD) revealed Resident #47 goes to the beauty shop every month to have his hair cut, and sometimes the beauty shop worker will trim up his beard, but she does not shave him. She revealed that shaving him is the responsibility of the CNAs. During an interview and observation on 10/23/24 at 9:35 AM, the ADON revealed that the CNA's are responsible for shaving the resident and cutting and cleaning his fingernails. She confirmed that Resident #47 needed to be shaved, and his fingernails needed to be cleaned and trimmed. Resident #47 stated to ADON that it had been two months since he had been shaved and had his fingernails cleaned and cut. Record review of the "Admission Record" for Resident #47 revealed he was admitted to the facility on 03/12/2021 with diagnoses that included Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side and Muscle Weakness. Record review of the MDS with an ARD of 8/19/2024, revealed under Section C, BIMS score of 15 indicating Resident #47 is cognitively intact. Resident #51 An observation and interview on 10/22/24 at 9:45 AM, Resident #51 revealed she has been asking	M 610		

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M 610	Continued From page 12	M 610		

staff about trimming her toe nails for over two months. An observation of the resident's nails revealed all toenails to be long and jagged with the right great toenail to be approximately one inch in length and jagged in appearance. She stated she is not a diabetic and can't understand why staff won't cut them. She then stated a nurse told her she would get podiatry to come cut them but that was months ago and that never happened.

An observation and interview on 10/23/24 at 9:22 AM of Resident # 51's toenails with Licensed Practical Nurse (LPN) #3, she confirmed the resident's toenails were very long and jagged with the right great toe to be very long. She confirmed the nails appeared that they had not been trimmed in a while and stated there was no medical reason that the nurses or CNAs could not trim them. She then revealed that possible concerns from not trimming the nails are that she could scratch her legs with the jagged nails and also the nails could have grown into the skin causing skin concerns.

An interview with the CNA #3 on 10/23/24 at 10:08 AM she revealed she was unaware of why Resident # 51's toenails had not been trimmed. She stated the CNA'S switch sections every other day and stated the nurse trimmed the toenails earlier today and confirmed they were really long and jagged.

Review of the "Admission Record" revealed the facility admitted Resident # 51 on 6/30/22 with diagnoses of Morbid Obesity and Cellulitis.

Record review of Resident #51's Section C of the MDS dated 7/22/24 revealed a BIMS score was 14, indicating the resident was cognitively intact.

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M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review and facility policy review, the facility failed to provide the services, care, and equipment to assure a resident maintained, and improved to his/her highest level of range of motion (ROM) and mobility for one (1) of five (5) residents for positioning and mobility reviewed. (Resident # 62). Findings include: A review of the facility policy titled, "Contracture Management Program," revealed, "Intent: To have a program within the facility geared towards the prevention of new contractures and maintenance or improvement of Range of Motion..." An observation on 10/22/24 at 10:15 AM revealed Resident #62 to have a left-hand contracture with no splinting device in use, and no device observed in the resident's room. In an interview with Resident #62, he revealed that the staff did not put anything on his hand. A review of the physician's order for Resident #62 dated 2/23/24, revealed "Staff to apply (L) left-hand splint before breakfast and remove after dinner daily for eight (8) hours wear as tolerated and provide skin hygiene before and after wear every day shift. every shift related to Hemiplegia	M 625	Preparation and submission of this plan of correction by Crystal Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F 688/M625 Increase/Prevent Decrease in ROM/Mobility On 10/23/2024 Certified Nursing Assistant (CNA) applied left hand splint to Resident # 62. On 10/23/2024 Certified Nursing Assistant was given a one-on-one in-service by the Assistant Director of Nursing (ADON) on reading the Kardex to identify when splints need to be applied. All residents have the potential to be affected. On 10/28/2024Director of Nursing (DON) in-serviced Nurses and Certified Nursing Assistants (CNA) on apply splints to increase/prevent decreased range of motion. On 10/28/2028 Director of Nursing (DON)	11/22/24

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M 625	Continued From page 14 and Hemiparesis following affecting the left non dominant side." An observation of Resident #62's hands on 10/22/24 at 3:15 PM, revealed no splinting device observed on Resident #62's left hand. On 10/23/24 at 9:37 AM, an interview with Certified Nurse Assistant (CNA) #2 she confirmed that Resident #62 did not have his splint on his left hand on Tuesday, 10/22/24 because he only wears his left-hand splint on Monday, Wednesday, and Friday. She then stated she believed therapy was supposed to apply the splint on those days. In an interview with Licensed Practical Nurse (LPN) #3 on 10 /23/24 at 9:50 AM, she confirmed that Resident #62 should have been wearing his left-hand splint on 10/22/24. She revealed the left-hand splint should be applied every morning before breakfast by the CNAs and removed at bedtime by the CNAs. She then revealed that staff not applying the splinting device could result in worsening of the contracture. In an interview with the Occupational Therapist on 10/23/24 at 10:47 AM, she confirmed that Resident #62 should be wearing a left-hand splint daily. She confirmed that staff not applying the splint could result in a decline in ROM. In an interview with the Assistant Director of Nursing (ADON) on 10/23/24 at 10:12 AM, she confirmed staff failed to follow the physician's orders for applying Resident #62's left-hand splint when the splint was not applied as ordered. Review of the "Admission Record" revealed the facility admitted Resident # 62 on 3/01/23 with a	M 625	or ADON will make walking rounds to observe five (5) residents a week for application of splints for four (4) weeks then monthly for three (3) months then quarterly for thereafter. The Director of Nursing (DON) will report to the Quality Assurance Improvement Committee beginning on 11/19/2024 and monthly for three (3) months then quarterly for further review and recommendations. Director of Nursing (DON) and Assistant Director of Nursing (ADON) are responsible for monitoring and compliance.	

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M 625	Continued From page 15 diagnosis of Hemiplegia and Hemiparesis following a nontraumatic intracranial hemorrhage. Record review of Resident #62's Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/3/24 revealed a Brief Interview for Mental Status (BIMS) score of 08, indicating the resident was moderately cognitively impaired.	M 625		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, resident and staff interviews, record reviews and facility policy review, the facility failed to ensure foot care was completed for one (1) of four (4) sampled residents. Resident #11. Findings Include: Record review of "Foot Care" policy revised October 2022 revealed "Policy Statement, Residents receive appropriate care and treatment in order to maintain mobility and foot health. Policy Interpretation and Implementation, 1. Residents are provided with foot care and treatment in accordance with professional	M 655	Preparation and submission of this plan of correction by Crystal Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F687- Foot Care On 10/25/24, the Podiatrist trimmed Resident #11 toenails. Facility had already obtained a contract with a Podiatrist. Podiatrist's first day to start was 10/25/24.	11/22/24

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M 655	Continued From page 16 standards of practice...3. Residents are assisted in making appointments with...specialists (podiatrist, endocrinologist, etc.) as needed. 4. Trained staff may provide routine foot care (e.g. toenail clipping) within professional standards of practice..." On 10/22/24 at 10:05 AM, during an observation and interview with Resident #11 she removed her left sock and shoe and pointed to her left great toe, which was one-half inch (1/2) long and jagged. Resident #11 expressed a desire to have her toenails trimmed and indicated that she had not seen a podiatrist recently nor could she recall the last time her toenails were cut. Resident #11 then picked up a one-half inch (1/2) item from her bed and pointed to her left fifth toe, which was covered with a bandage. She indicated that the item was the toenail from her left fifth toe, which had come off. On 10/23/24 at 9:00 AM, an observation and interview with Registered Nurse (RN) #1, she verified that Resident #11's left great toenail was long and jagged. She stated that if a resident is diabetic, it is the nurse's responsibility to trim the resident's nails. She acknowledged that she was unaware of the last time Resident #11's toenails were cut but confirmed that they needed trimming. A review of the "Podiatric Services Report" for Resident #11 showed that she was last seen by a podiatrist on 5/1/23. On 10/23/24 at 9:15 AM, an interview with the Assistant Director of Nursing (ADON) she revealed that the nursing staff is responsible for trimming toenails for diabetic residents. She stated that residents' toenails should be checked	M 655	All residents have the potential to be affected. On 10/28/24, Director of Nursing (DON) in-serviced Nurses and Certified Nursing Assistants (CNA) on performing Activities of Daily Living (ADL) on providing nail care to residents and the importance of scheduled and as needed nail care, and reporting to the Director of Nursing (DON) or the Assistant Director of Nursing (ADON) if a resident needs to be seen by the Podiatrist. On 10/28/24, Director of Nursing (DON) and Assistant Director of Nursing (ADON) will make walking rounds to ensure Activities of Daily Living (ADL) are provided to residents to include trimming toenails. The Director of Nursing (DON) and Assistant (ADON) will assess fifteen (15) residents a week for four (4) weeks then monthly for three (3) months then quarterly to ensure nail care is sustained. Any findings of concern will be addressed immediately. The Director of Nursing (DON) will report findings to the Quality Assurance Performance Improvement Committee beginning 11/19/24 and monthly for three (3) months and then quarterly for further review and recommendations. Director of Nursing (DON) and the Assistant Director of Nursing (ADON) are responsible for monitoring and compliance.	

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M 655	Continued From page 17 daily during routine care and trimmed as needed, though there is currently no schedule for this. The ADON also confirmed that Resident #11 had lost the toenail on her left fifth toe but was unsure how it occurred. On 10/23/24 at 1:45 PM, a follow-up interview with the ADON she confirmed that Resident #11 had not seen a podiatrist since 5/1/23. She mentioned that the facility is in the process of securing a podiatrist, though one is currently unavailable. She was unsure how long the facility had been without podiatric services. The ADON verified that foot and nail care had not been provided for Resident #11 and acknowledged that this lack of care could have contributed to the loss of the toenail. A review of the Quarterly Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 7/4/24 for Resident #11 revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating that the resident is cognitively intact. The "Admission Record" review indicated that the facility admitted Resident #11 on 1/7/16 with a diagnosis of Diabetes Mellitus.	M 655		
M 970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This Statute is not met as evidenced by: Level II	M 970	Preparation and submission of this plan of correction by Crystal Rehabilitation and	11/22/24

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M 970	Continued From page 18 Based on observation, staff interview, and facility policy review, the facility failed to maintain an effective pest control regimen against flies as evidenced by fly sightings in a resident room for two (2) of 89 residents. Resident #2, and #7. Findings Include: Review of the facility policy titled "Pest Control" undated, revealed under, "Policy: Conduct pest control by an outside vendor on a routine basis to maintain the Community in a safe and sanitary condition." Also, revealed under, "Procedures: 1. Perform pest control on a consistent basis to ensure that the building is maintained in a pest-free condition." On 10/22/24 at 9:50 AM, an observation of Resident #7 revealed, the resident lying in his bed with the cover over his head. Further observation revealed that there were eight (8) flies on top of the bed spread and two (2) on the privacy curtain. On 10/22/24 at 9:56 AM, an observation of Resident #2 (roommate to Resident #7) revealed the resident was lying in his bed with the cover pulled up over his head. Further observation revealed 4 flies on the bed spread, three (3) flies on the privacy curtain, and one (1) on the footboard. A blue plastic bin was sitting in the floor at the end of the bed that held shoes with five (5) flies hovering over the bin and landing inside randomly. On 10/22/24 at 9:59 AM, an interview with the Housekeeping #1 confirmed the presence of flies in Resident #2 and #7's room. He revealed the flies had been an ongoing concern in their room. He explained the room was cleaned daily, but it was difficult to handle all the flies and cleanliness	M 970	Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F 925/M970 Maintains Effective Pest Control Program On 10/22/2024 the Maintenance Director killed the flies in residents #2 and #7 room. On 10/24/2024 the pest control company ECO came to the facility to spray pests. All residents have the potential to be affected. On 10/28/2024 the Director of Nursing in-serviced nursing staff to report any citing of pests in the facility to the Director of Nursing, Assistant Director of Nursing, Administrator and Maintenance. On 11/11/2024 Maintenance Director will make walking rounds monitoring for flies in fifteen (15) resident room three (3) times a week for four (4) weeks then monthly for three (3) months. The Maintenance Director will report the findings to the Quality Assurance Improvement Committee (QAPI) beginning 11/19/2024 monthly for three (3) months and then every three (3) months for review and recommendations.	

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M 970	Continued From page 19 of that room. On 10/22/24 at 10:58 AM, an interview with the Assistant Director of Nursing (ADON) confirmed the flies had been an issue for a while. She revealed they have a couple of doors on the back that were opened and closed frequently throughout the day and explained that may be where they came in. On 10/22/24 at 12:36 PM, an observation of Resident #2 revealed, he was sitting on the side of his bed eating his lunch meal, with four (4) flies seen flying over and landing on the meal tray. The resident made no attempts to swat the flies. On 10/23/24 at 9:58 AM, interview with Certified Nurse Aide (CNA) #5 confirmed flies and cleanliness had been a concern for Resident #2 and #7's room for a while. She revealed that both residents smear feces and take their briefs off and throw them in the floor. On 10/23/24 at 10:08 AM, an interview with the ADON revealed housekeeping was in the room all the time to address the uncleanliness of the room and the flies. She stated it was a challenge because both residents smeared feces. She revealed keeping the residents' environment clean was everybody's responsibility and had to be a group effort. On 10/23/24 at 1:04 PM, an interview with Maintenance #2 revealed he had been filling in for the position since February 2024 because the facility did not have a maintenance person. He revealed he comes to the facility once weekly and makes random room rounds. He revealed he had not been made aware of any fly issues in the building.	M 970		

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M 970	Continued From page 20 On 10/23/24 at 1:13 PM, interview with the Administrator (ADM) revealed, she had not been told about any concerns with flies in the building. She revealed that she makes daily rounds and stated she had not seen any flies or been told by staff that flies were an issue. She revealed that the room stayed nasty because both of those residents played in stool. The ADM revealed the pest control company came out on 10/16/24 and they had not done any extra measures to combat fly activity. She acknowledged the residents should have a clean and sanitary environment. On 10/24/24 at 8:16 AM, an interview with the ADON confirmed that anytime flies were around or got onto the food there was a risk for illness.	M 970		
M1020	45.35.3 Resident Bedrooms Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping, all dusting should be damp dusting with a good detergent or germicide. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, and facility policy review, the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable resident environment, as evidenced by flies in residents room (Resident # 2 and Resident #7), dirty sheet and leaking air conditioning unit (Resident # 13), a dirty personal fan (Resident # 29) and a dirty floor and foul odor	M1020	Preparation and submission of this plan of correction by Crystal Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws.	11/22/24

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M1020	Continued From page 21 in resident's room (Resident # 86) for five (5) of 25 sampled residents. Findings Include: Review of the facility policy titled, "Building Inspections" undated, revealed under, "Policy: Conduct routine building inspections on a monthly basis to identify potential problems and perform any required maintenance." Review of the facility policy titled "Cleaning and Disinfection of Resident-Care Items and Equipment" with a revision date of 3/23, revealed under, "Policy Interpretation and Implementation: c... (3)... Disinfection is performed with an EPA (Environmental Protection Agency)-registered disinfectant labeled for use in healthcare settings." A review of a letter on company letterhead, dated 10/23/24 and signed by the Administrator, revealed the facility does not have a policy for cleaning resident personal fans. Review of the facility policy titled "Pest Control" undated, revealed under, "Policy: Conduct pest control by an outside vendor on a routine basis to maintain the Community in a safe and sanitary condition." Also, revealed under, "Procedures: 1. Perform pest control on a consistent basis to ensure that the building is maintained in a pest-free condition." Resident # 2 and Resident #7 An observation of Resident #2 on 10/22/24 at 9:56 AM, revealed that the resident was lying in his bed with the cover pulled up over his head. Further observation revealed four (4) flies on the	M1020	1020- Resident Bedrooms On 10/22/24, housekeeping immediately deep cleaned residents #2 and #7 room. On 10/22/24, maintenance removed flies from residents #2 and #7 room. On 10/22/24, Certified Nursing Assistant (CNA) changed Resident #13 leaking air conditioning unit. On 10/22/24, Housekeeping Manager deep cleaned resident #86 room. On 10/23/24, a service ticket was called in to EcoLab Pest Control to come treat for flies. EcoLab treated residents #2 and #7 room on 10/24/24. All residents have the potential to be affected. On 10/23/24, in-service was held for all housekeeping personnel by District manager on housekeeping job descriptions and cleaning methods. On 10/23/24, in-service was held by Director of Nursing (DON) with Certified Nursing Assistants on changing bed linen when soiled and placing work orders in Technology Based System (TELS) for any pest control concerns. On 10/23/24, in-service was held with the Maintenance Director by the Regional Maintenance Director on making timely repairs on leaking air conditioning units, and the policy regarding equipment being in good working condition was reviewed. On 10/24/24, housekeeping manager implemented increased cleaning of residents #2 and #7 room to three (3) times daily. On 11/11/24, the Maintenance Director will	

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CRYSTAL REHABILITATION AND HEALTHCARE CEN1	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1020	Continued From page 22 bed spread, three (3) flies on the privacy curtain, and one (1) fly on the footboard. A blue plastic bin was sitting on the floor at the end of the bed that held shoes with five (5) flies hovering over the bin and landing inside. An observation of Resident #7 (roommate to Resident #2) on 10/22/24 at 9:50 AM, revealed the resident lying in his bed with the cover over his head. Further observation revealed eight (8) flies on top of the bed spread and two (2) flies on the privacy curtain. An interview with Housekeeping #1 on 10/22/24 at 9:59 AM, confirmed the flies in Resident #2 and #7's room. He revealed the flies had been an ongoing concern in the room. He explained it was difficult to handle the flies and cleanliness of the room. An interview with the Assistant Director of Nursing (ADON) on 10/22/24 at 10:58 AM, confirmed the flies had been an issue for a while. She revealed they had a couple of doors at the back of the building that were opened and closed frequently throughout the day, and explained that was probably where they came in. An observation of Resident #2 on 10/22/24 at 12:36 PM, revealed he was sitting on the side of his bed eating his lunch meal with four (4) flies seen flying over and landing on the meal tray. The resident made no attempts to swat the flies. An interview with Certified Nurse Aide (CNA) #5 on 10/23/24 at 9:58 AM, confirmed flies and cleanliness had been a concern for Resident #2 and #7's room for a while. She revealed they both smear feces and take their briefs off and throw them in the floor.	M1020	make walking rounds three (3) times a week for four (4) weeks then monthly for three (3) months to identify leaking air conditioning units in resident rooms. On 10/24/24, the housekeeping manager will make walking rounds three (3) times a week for four (4) weeks then monthly for three (3) months to identify any foul odors, dirty floors in resident rooms, and any personal fans that need to be cleaned. On 10/24/24, housekeeping manager will conduct an audit of residents #2 and #7 room twice daily for four (4) weeks to monitor pest control concerns. On 10/24/24, Director of Nursing (DON) will make walking rounds three (3) times a week for four (4) weeks and then monthly for three (3) months to ensure bed sheets are clean and dry. Each department will report findings to the Quality Assurance Performance Improvement Committee monthly for three (3) months, starting 11/19/24. The Administrator is responsible for on-going monitoring and compliance.	

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M1020	Continued From page 23 An interview with the ADON on 10/23/24 at 10:08 AM, revealed housekeeping was in the room all the time to address the uncleanliness of the room and the flies and verbalized it was a challenge because both residents smeared feces. She revealed keeping the residents' environment clean was everybody's responsibility and had to be a group effort. An interview with Maintenance #2 on 10/23/24 at 1:04 PM, revealed he had not been made aware of any fly issues in the building. An interview with the Administrator (ADM) on 10/23/24 at 1:13 PM, revealed she had not been made aware of any fly concerns in the building. She revealed that she makes daily rounds and stated she had not seen any flies or been told by staff that flies were an issue. She revealed that the resident's room stayed nasty because both of those residents played in stool. The ADM explained housekeeping cleaned the room every day and more often, verbalizing it was a "constant thing". She revealed they had not taken any extra measures to combat fly activity in the building. She acknowledged the residents should have a clean and sanitary environment. An interview with the ADON on 10/24/24 at 8:16 AM, confirmed that anytime flies were around or got onto the food there was a risk for illness. Record review of the "Admission Record" revealed the facility admitted Resident #2 on 2/26/03 with medical diagnoses that included schizophrenia and vascular dementia. Record review of the "Admission Record" revealed the facility admitted Resident #7 on	M1020		

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M1020	Continued From page 24 10/3/22 with a medical diagnosis of vascular dementia. Resident #13 An observation of Resident #13's room on 10/22/24 at 10:12 AM, revealed two (2) white sheets with a yellowish-brown substance on them that were placed underneath the air conditioning unit. An observation and interview with Housekeeping #3 on 10/22/24 at 10:16 AM, confirmed the sheets were under the unit to capture water because the unit was leaking onto the floor. He revealed they had several units in disrepair, but they do not have a full-time maintenance person. He revealed they have someone who comes once a week to help fix things. An interview with Registered Nurse (RN) #1 on 10/23/24 at 9:01 AM, revealed if they have an issue that needs to be repaired, they were to add it into the computer work-order system for maintenance. An interview with the ADON on 10/23/24 at 10:08 AM, revealed they use a computer system for work order, to input the things needed to be fixed by maintenance. She revealed if something came up that required immediate attention, they would call the administrator, and she would call corporate. An interview with Maintenance #2 on 10/23/24 at 1:04 PM, revealed he had been filling in since February 2024 because the facility did not have a maintenance person. He revealed he comes to the facility once weekly and makes random room rounds. He revealed he gets the maintenance	M1020		

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M1020	Continued From page 25	M1020		

issues from the computer work order system, and the administrator shows him some of the things that need repairing. Maintenance #2 revealed he had not been made aware of any issues regarding Resident #13's leaking air conditioning unit. He explained the only reason the unit would leak would be if the filter was dirty and needed cleaning.

An interview with the ADM on 10/23/24 at 1:13 PM, revealed she was not aware of Resident #13's leaking air conditioning unit and confirmed a repair request had not been submitted into the work order system for maintenance. She acknowledged the resident's equipment should be in good repair.

Record review of the "Admission Record" revealed the facility admitted Resident #13 on 5/29/21.

Resident #86

An observation of Resident #86's room on 10/22/24 at 10:54 AM, revealed a foul odor upon entry. Further observation revealed the resident lying in her bed. There were eight (8) to 10 spots on the floor that were dried, smeared, dark brown and irregular in size, with the largest being approximately five (5) inches by three (3) inches in size.

An interview and observation with the ADON on 10/22/24 at 10:58 AM, confirmed the foul odor in Resident #86's room and replied, "What is that smell?" She confirmed the brown substance on the floor looked like stool and acknowledged the resident should have a clean room and confirmed this was not acceptable conditions for the

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M1020	Continued From page 26	M1020		

resident.

An interview with the ADON on 10/23/24 at 10:08 AM, revealed keeping the resident's environment clean was everybody's responsibility. She revealed the aides and nurse were responsible for cleaning the stool off the floor when it was encountered.

Record review of the "Admission Record" revealed the facility admitted Resident #86 on 9/12/24 with medical diagnoses that included altered mental status.

Resident # 29

An observation and interview with Resident #29 on 10/22/24 at 9:01 AM, revealed a 20-inch round auscultating fan on Resident #29's bedside table with the entire fan blades and the external outer covering of the fan covered in a thick black buildup. Resident #29 stated she uses the fan every night. She confirmed she had asked multiple staff, including housekeeping, to please clean the fan for the last few months, but stated staff always told her they will get the maintenance director to take care of it.

An observation of the fan on Resident #29's bedside table with Certified Nurse Assistant (CNA) #2 on 10/23/24 at 10:00 AM, she confirmed the fan was covered in a thick black buildup including the fan blades and the outer cover of the fan. She then stated the fan needed to be cleaned because the dust particles could blow all over the resident and possibly make her sick.

An observation of the fan in Resident # 29's room from the doorway with Housekeeper #1 on

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M1020	Continued From page 27 10/23/24 at 10:10 AM, he confirmed the fan was covered in a thick black dust built up and stated the housekeepers clean in here every day and should have cleaned the fan to prevent dust build up from blowing on the resident. Review of the "Admission Record" revealed the facility admitted Resident # 29 on 1/26/2019. Record review of Resident # 29's Section C of the Annual Minimum Data Set (MDS) with an Assessment Reference Date of 8/16/24 revealed in Section C, a Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact.	M1020		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.	M1570		11/22/24

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M1570	Continued From page 28 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Widespread Based on observation, staff interview, record review and facility policy review, the facility failed to inform staff and visitors of residents that were in Transmission-Based Precautions (TBP) for six (6) of six (6) positive COVID-19 residents reviewed. Residents #6, #28, #29, #38, #81, and #84. Findings Include: Record review of the facility policy titled, "COVID-19 Policy and Procedures" with a revision date of 9/15/23 revealed under, "Training: Signage should be posted describing ways to prevent the spread of germs and protect against COVID-19 virus". This record review revealed under "Core Principles of COVID-19 Infection Prevention ...Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene) and appropriate staff use of Personal Protective Equipment (PPE). An interview on 10/22/24 at 9:05 AM, with Certified Nurse Assistant (CNA) #1 revealed the	M1570	Preparation and submission of this plan of correction by Crystal Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F 880/M1570 Infection Prevention Control On 10/22/2024 the appropriate Transmission Based Precaution (TBP) signage was placed on the door of Residents #6, #28, #29, #38, #81, and #84 to let staff and visitors know the resident was in droplet isolation due to Covid-19. On 10/29/2024 Corporate Clinical Specialist (CCS) in-serviced the Director of Nursing (DON) and the Infection Preventionist on Transmission Based Precautions (TBP) and appropriate signage for resident doors to let staff and visitors know that a resident is in isolation. All residents have the potential to be affected. On 10/28/2024 the Director of Nursing (DON) in-serviced nursing staff on appropriate signage on residents' doors	

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M1570	Continued From page 29 facility is in a COVID-19 outbreak and she thinks they have about 30 residents positive. An observation on the initial tour of the facility on 10/22/24 at 9:15 AM, revealed there was no signage on the residents' doors identifying who was on TBP. An interview on 10/22/24 at 9:50 AM, with the Assistant Director of Nurses (ADON)/Infection Preventionist (IP) confirmed the facility has been in a COVID-19 outbreak for a week and she thinks she was the first positive, but she is not certain. She stated she tested positive on 10/14/24 and had worked that day passing medications on the 100 halls. She stated that she was off work for several days and the Director of Nurses (DON) covered for her, but now she is sick with COVID-19. She stated that on 10/16/24 Resident #6 was lethargic and got sent to the hospital where he tested positive for COVID-19. She stated that after this resident was sent to the hospital, they tested all the residents and found 27 positives, but no one had any symptoms. She confirmed that signs should have been put on the residents' doors indicating they were in TBP. She stated that she just failed to follow-up and make sure it was done after she returned to work on Friday 10/18/24. An interview on 10/23/24 at 2:50 PM, with the Administrator confirmed that signage should have been put on the COVID-19 resident's doors for staff and visitors to know the resident was in Transmission-Based Precautions. She admitted that they needed to be stricter on their infection control to prevent the spread of infections and ensure that all staff and visitors were aware which residents were in TBP. She stated that they continued to monitor residents for symptoms,	M1570	for residents who are on Transmission Based Precautions. On 10/28/2024the Infection Preventionist will make observation rounds on five (5) resident rooms that are in Transmission Based Precautions to see if the door has the appropriate signage weekly times four (4) weeks and then monthly for three (3) months. The infection Preventionist will report to the Quality Assurance Improvement Committee (QAPI) beginning on 11/19/2024 and then monthly for three (3) months for review and recommendations.	

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M1570	Continued From page 30	M1570		

staff worked to keep residents at least 6 feet away from other staff and residents as possible and require everyone wear a mask when they enter the facility. She also stated that staff self-monitor and let their supervisor know if they are symptomatic. She revealed that the facility COVID-19 vaccination rate for 2023 was 66% and for 2024 so far it is 76%.

Record review of facility vaccination rates for COVID-19 confirmed that 2023's rate was 66% and for 2024 so far, the rate is 75.80%.

Record review of the resident testing for COVID-19 from 10/16/24 revealed there were 27 positive residents identified that included Residents #6, #28, #29, #38, #81, and #84.

Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 5/22/24.

Record review of Resident #28's "Admission Record" revealed the resident was admitted to the facility on 2/27/20 with.

Record review of Resident #29's "Admission Record" revealed the resident was admitted to the facility on 1/26/19
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Record review of Resident #38's "Admission Record" revealed the resident was admitted to the facility on 4/19/24.

Record review of Resident #81's "Admission Record" revealed the resident was admitted to the facility on 5/16/24.

Record review of Resident #84's "Admission Record" revealed the resident was admitted to

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M1570	Continued From page 31 the facility on 7/5/24.	M1570		