| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | NH08VC | A. BUILDING: _____ B. WING _____ | 10/17/2024 |

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| VAIDEN COMMUNITY LIVING CENTER | 868 MULBERRY STREET VAIDEN, MS 39176 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey along with a complaint investigation (CI) MS#26464 at the facility from 10/15/24 through 10/17/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M 610 for activities of daily living, M 705 for storage of medication/treatment items, and M 815 for safe food handling procedures. The SA found the facility in compliance with CI MS#26464 for resident neglect and hydration.<br><br>The census at the time of the survey was 59 with a license for 60 beds. | M 000 | | |
| M 610 | 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, staff interviews, and facility policy review, the facility failed to provide personal hygiene, as evidenced by long facial hair, unkempt hair, and long nails with a brown substance under them for one (1) of 20 residents | M 610 | The identified resident #6 was provided a bed bath to include cleansing of her hair and scalp, trimming and cleaning her fingernails, and the removal of facial hair on 10/16/2024 by a Certified Nurses Assistance. | 11/13/24 |

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| M 610 | Continued From page 1<br>sampled. Resident #6<br><br>Findings include:<br><br>Review of the facility policy titled "A.M. Care (Day Tour of Duty) dated August 25, 2014, revealed under "Purpose: 1. To refresh the resident. 2. To provide cleanliness, comfort, and neatness..."<br><br>An observation on 10/15/24 at 11:55 AM and again at 3:30 PM revealed Resident #6 lying in bed. Her hair appeared oily and disheveled, and a thick white, flaky substance was noted on her scalp. Resident #6 had facial hair approximately one (1) inch long to her chin and sporadic areas around her mouth. Her bilateral fingernails were approximately one (1) inch long with a brown substance noted under them.<br><br>An observation on 10/16/24 at 8:45 AM, revealed Resident #6 lying in bed, with no change in the observation of appearance from the previous day.<br><br>During an observation and interview on 10/16/24 at 10:05 AM, Certified Nurse Aide (CNA) #2 stated that Resident #6's "hair looks wet and greasy, she has a lot of dandruff, her facial hair hasn't been shaved in quite some time, and her fingernails are long and dirty." CNA #2 revealed, "It looks like it's been more than a week or so since she's been really cleaned up." CNA #2 revealed the CNA's are responsible for bathing her, which includes washing her hair, trimming her facial hair, and doing her nail care since she is not diabetic." CNA #2 stated, "I was off work yesterday, but she still should have been cleaned up."<br><br>During an observation and interview on 10/16/24 at 10:35 AM, the Director of Nurses (DON) | M 610 | On 10/16/2024 a complete audit was completed on all residents in the facility who were dependent residents that require assistance with Activities of Daily Living by the Minimum Data Set (MDS) Coordinator and the Director of Nursing. All dependent residents have the potential to be affected by this deficient practice.<br><br>The Director of Nursing completed an in-service on 10/17/2024 to educate staff on providing Activities of Daily Living care to dependent residents. The Director of Nursing included focus on ensuring that any resident who is dependent on assistance with Activities of Daily Living will receive necessary services to maintain good nutrition, grooming, and personal and oral care.<br><br>The Assistant Director of Nursing will make rounds to include observations of resident's grooming and hygiene such as facial hair, body odors, unkept hair, fingernail cleanliness on Dependent residents requiring assistance with Activities of Daily Living beginning 10/18/2024 1 time per week for 3 weeks then monthly for 3 months. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review. | |

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| M 610 | Continued From page 2<br>confirmed that Resident #6's hair was greasy, with thick white dandruff on her scalp. The DON stated that she's a "little hairy" when referencing the resident's facial hair and confirmed that her fingernails were long and not clean.<br><br>Record review of Resident #6's Admission Record revealed the resident was admitted to the facility on 01/25/2017 with medical diagnoses that included Peripheral vascular disease, Lack of coordination, and Hemiplegia and Hemiparesis following cerebral infarction affecting the right dominant side.<br><br>Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/02/24, revealed a Brief Interview for Mental Status (BIMS) score of 05, which indicated the resident is severely cognitively impaired. | M 610 | | |
| M 705 | 45.24.2 Policies and procedures<br><br>Policies and procedures. Each facility shall have policies and procedures to assure the following:<br><br>1. Accurate acquiring;<br><br>2. Receiving;<br><br>3. Dispensing;<br><br>4. Storage; and<br><br>5. Administration of all drugs and biologicals.<br><br>This Statute is not met as evidenced by:<br>Level II | M 705 | All contents (including treatment medications, disinfecting wipes, and all | 11/13/24 |

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| M 705 | Continued From page 3<br><br>Based on observation, staff interview, and facility policy review, the facility failed to ensure the proper storage of treatment medications and disinfectant wipes on the treatment cart as evidenced by an unlocked treatment cart in the residents' hallway for one (1) of three (3) survey days.<br><br>Findings include:<br><br>Record review of facility policy titled, "Medications, Individual Medication Storage Cabinets", dated 8/25/14, revealed, "Medication administration utilizing individual medication storage cabinets will meet the same criteria for timeliness, infection control, and medication safety as standard medication administration... 4. The medication storage cabinet will remain locked when not in use..."<br><br>During an interview and observation of a treatment with Licensed Practical Nurse (LPN) #1 on 10/16/24 at 10:05 AM, the treatment cart was left in the hallway while the treatment was being done in the resident's room. Upon the exit of the resident's room, the cart was observed unlocked and unattended in the hallway. LPN #1 stated the lock on the cart had been broken for approximately a month so she was unable to secure the items in the cart. She verified that the cart was locked in the office when not being used, but confirmed when treatments were being done, the unlocked cart was in the hall and not within sight since the resident's door was closed during care. She stated this was a safety concern since a resident could gain access to the treatment items/medications/disinfectant wipes on the cart. An observation of the cart revealed drawers that contained topical medications, creams, treatment medication items such as collagen, xeroform | M 705 | treatment supplies) of the faulty treatment cart were removed and secured in a properly functioning cart on 10/16/2024 by the Assistant Director of Nursing. The faulty cart was taken out of service on 10/16/2024 by the Director of Nursing.<br><br>On 10/16/2024 all carts in the facility were inspected for proper locking and function. by the Director of Nursing and Assistant Director of Nursing. All residents have the potential to be affected by the deficient practice.<br><br>An in-service was conducted on 10/17/2024 by the Director of Nursing to educate staff on policy titled Label/Storage Drugs and Biologicals.<br><br>Beginning on 10/18/2024, the Director of Nursing will observe and monitor all carts located in the facility 1 time per week for 3 weeks then monthly for 3 months. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review. | |

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| M 705 | Continued From page 4<br>dressings and other supplies as well as disinfectant wipes. She confirmed these treatment medications should be secured in a locked cart to ensure no one had access to these items.<br><br>An observation and interview with the Assistant Director of Nursing (ADON) on 10/16/24 at 10:30 AM, revealed the cart would lock but it was difficult to position the lock handle into the locked position and it had to be "jiggled and twisted" until it went into the place where the lock could be secured. She demonstrated the process that was necessary to lock the cart, which consisted of several seconds of twisting and adjusting the handle and finally getting it into the appropriate spot to lock. She confirmed that not all of the staff that used this cart were notified of how to securely lock this since it had been damaged and not easily locked.<br><br>During an interview on 10/16/24 at 10:30 AM, the Administrator confirmed the cart was left unlocked and unattended in the hallway during a treatment and medications used for residents' treatments were on the cart. She confirmed the facility failed to secure medications and disinfectant wipes in a locked room or locked cart to ensure no one had access to those supplies which could affect resident safety. | M 705 | | |
| 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. | M 815 | | 11/13/24 |

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| M 815 | Continued From page 5<br>This Statute is not met as evidenced by:<br>Level II Widespread<br><br>Based on observation, staff interviews, and facility policy review, the facility failed to ensure food items in the kitchen refrigerator, freezer, and dry storage room were dated and labeled for one (1) of two (2) kitchen tours completed.<br><br>Findings Include:<br><br>Review of the facility policy titled, "Food Storage" dated August 18, 2011, revealed "...8. All foods stored in refrigerators and freezers that have been opened, will be covered and labeled with the date and name of food if appropriate, and will be discarded within the appropriate time frame. 9. All leftover foods are to be stored in covered containers, dated, & labeled..."<br><br>On 10/15/24 at 9:45 AM, an observation during the initial kitchen tour with the Dietary Manager (DM), revealed multiple unlabeled and undated food items in the refrigerator and freezer. The unlabeled and undated foods included one-half of a five pound bag of frozen chicken strips, one-fourth of a two pound bag of frozen French fries, and one-half of a five pound bag of chicken fried steak. There was also a large bag of frozen ground beef in the freezer that had been opened and was undated and unlabeled.<br><br>On 10/15/24 at 9:50 AM, an interview with DM revealed that she had worked there since September 2024, and the Dietary Department had been a mess. She revealed that it was everyone's responsibility to ensure opened food items were labeled and dated to make sure they "didn't go over" past the dates to be used. She revealed that the person who opened the food | M 815 | On 10/15/2024 the identified unlabeled food (chicken strips French fries, ground beef, and chicken fried steak) found in the freezer and refrigerator were properly labeled and dated by the Dietary Manager.<br>On 10/15/2024, the identified unlabeled food (vanilla wafers, cornmeal and cake mix) found in the dry storage were not properly labeled and dated by the Dietary Manager.<br>On 10/18/2024 a complete audit of refrigerated, frozen and dry foods was conducted by the Dietary Manager. All residents have the potential to be affected by the deficient practice.<br>The Administrator completed an in-service with all dietary staff on the policy titled Food Procurement, Store/Prepare/Serve-sanitary. The Administrator created a label and date log for all refrigerators, freezers and dry storage room on 10/18/2024 to be completed by the Dietary Manager. The Administrator will ensure that logs are completed and current on a weekly basis, beginning 10/18/2024.<br>The Dietary Manager will monitor the dating and labeling of food in all refrigerators, freezers, and dry storage room weekly 1 time per week for 3 weeks beginning 10/18/2024 then monthly for 3 months. All findings will be reported to the monthly Quality Assurance Committee meeting beginning 11/13/2024 and will continue monthly for 3 months then as needed for revision and review. | |

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| M 815 | Continued From page 6 | M 815 | | |

item was responsible for dating, labeling, and proper storage of the item. DM revealed that if they didn't date and label the food items when opened, they would not know how long it had been in the refrigerator or freezer and could become freezer burned or expired. DM revealed that they were supposed to use or dispose of leftover food items in the refrigerator three days after it was opened and that opened food items in the freezer were supposed to be used within six months.

On 10/15/24 at 9:55 AM, during the initial tour of the dry storage room revealed a bag of opened vanilla wafers that were unlabeled and undated. There were approximately 30 vanilla wafers left in the bag, and it was folded down and was not sealed. There was a twenty-five pound (lb.) bag of white corn meal with the sack torn near the top and it was open to air and setting on top of an empty dry storage container. There was also an undated and opened and unsealed 5 lb. bag of yellow cake mix with approximately one and one-half cups left in the bag.

On 10/15/24 at 9:58 AM, an interview with Dietary Cook revealed that the bag of corn meal was supposed to be closed and inside an air proof container. She also confirmed that the bag of corn meal, cake mix, and vanilla wafers were exposed, open to air, and were not dated or labeled. Dietary Cook revealed that they were supposed to make sure that any opened food items such as the cake mix, vanilla wafers, and corn meal were wrapped up in plastic and covered to help prevent contamination and prevent bugs and pests from getting inside the packages. Dietary Cook also confirmed that all opened food items were supposed to be dated and labeled.

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