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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with three (3) complaints, MS CI # 26597, MS CI #26604, and MS CI # 26962 at the facility from 11/12/14-11/14/24. 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 M640 for MS CI #26962 related to accidents. There were no deficiencies cited for MS CI # 26597 and MS CI #26604. The SA also cited M500, M610, M705, M1210 and M1570. The census at the time of the survey was 131 and the facility is licensed for 165 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;	M 500		12/21/24

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M 500	Continued From page 1 3. is assured of adequate and appropriate 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,	M 500		

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M 500	Continued From page 2	M 500		

free from restraint, interference, coercion, 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:	M 500		

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M 500	Continued From page 4 Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to ensure that resident's rights were upheld as evidenced by leaving a urinary catheter bag uncovered (Resident #20) and not resolving grievances timely (Resident's #15, #115, #124 and #126) for five (5) of 21 resident's sampled. Findings Include: Record review of the facility policy titled, "Filing Grievances/Complaints", with a revision date of 6/2024, revealed, "Our facility will assist residents, their representatives (Sponsors), other interested family members, or advocates in filing grievances or complaints when such request are made ...3. All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing (if requested), including a rationale for the response..." A record review of the "Resident Council" minutes revealed there were complaints regarding missing clothes for the meeting dates of 5/2/24, 6/4/24, 8/2/24, 9/5/24, and 11/1/24. Interviews with residents during the Resident Council meeting on 11/13/24 at 10:03 AM, revealed Resident #15 (Resident Council President), Resident #115, Resident #124, and Resident #126 had concerns that they were still missing clothes. They unanimously voiced that the discussion of missing clothes had been addressed in almost every Resident Council meeting for months. Resident #15 revealed that he has had some compression socks missing for	M 500	1. By 11/14/2024, Resident # 115, 126, 15, and 124□s clothing had already been found or replaced and grievance was resolved. On 11/13/2024, Resident # 20□s Catheter bag was immediately changed by Licensed Practical Nurse (LPN) to a bag with a built-in privacy feature. A one-on-one education was initiated by the Assistant Director of Nursing (ADON) with Registered Nurse (RN) Supervisor and LPN on checking all admissions to ensure that the resident has the proper privacy bag. 2. The facility determined that each of the 133 residents has the potential to be affected. 3. On 11/15/2024, the Nurse Educated Social Services and Activities on the grievance policy and responding to grievances in a timely manner. On 11/15/2024, an audit was completed by ADON on residents having the correct privacy bag. 0 of 5 residents had the incorrect privacy bag. Beginning 11/20/2024, all nursing staff received a directed in service from Nurse Educator on ensuring that all residents have a catheter bag that either has a privacy covering or a blue privacy urinary bag. 4. Beginning the week of 11/18/2024 the Administrator will monitor all grievances weekly for three (3) months to ensure they are completed within the timeframe listed in the grievance	

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M 500	Continued From page 5 a long time and they tell him they will replace them, but they never do. Resident #126 stated that when he was admitted he had a jogging suit that is still missing. Resident #115 revealed that the shirt she has on now had gone missing a year ago and she had just received it back. She stated that her daughters gave her some new ankle socks for Mother's Day, but she refuses to wear them because she is afraid they won't return from laundry. An interview with the Activity Director on 11/13/24 at 11:04 AM, confirmed that missing clothes has been going on for a long time and they discuss it in almost every Resident Council meeting. She stated that she notifies the Licensed Social Worker (LSW) and laundry when the issue is discussed in the meetings. She revealed that she didn't know what was going on to cause this issue and confirmed that it still had not been resolved. An interview on 11/14/24 at 8:20 AM, with Housekeeper/Laundry #6 confirmed that they do get complaints of missing clothes. She stated that she thinks the biggest issue is that laundry gets backed up and they don't put their names on their clothes. In an interview on 11/14/24 at 8:45 AM, the LSW confirmed that the laundry issue with missing clothes had been an ongoing problem. In an interview on 11/14/24 at 9:23 AM, the Administrator confirmed that missing clothing had been an issue for a while. She admitted that she had been aware of the problem and had worked on some things, but it had not been resolved Resident #15 A review of the "Admission Record" revealed that	M 500	policy. Resident council minutes will be reviewed by the Administrator with in one business day after resident's council. Beginning the week of 11/18/2024 the RN Supervisor will observe two (2) residents per week for three (3) months to ensure that residents have appropriate privacy covering attached to their catheter bag. A report will be submitted to the Quality Assurance Performance Improvement on 12/11/2024 for review and recommendations then monthly for three (3) months. The Administrator is responsible for monitoring, reporting, and compliance.	

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the resident was admitted to the facility on 12/22/2020.

Record review of Resident #15's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 9-13-2024 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.

Resident #115
A review of the "Admission Record" revealed that Resident #15 was admitted to the facility on 06/23/2023.

Record review of Resident #115's MDS with an ARD of 9-24-2024 revealed in Section C a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #124
A review of the "Admission Record" revealed that Resident #124 was admitted to the facility on 11/24/2023.

Record review of Resident #124's MDS with an ARD of 8-15-2024 revealed in Section C a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #126
A review of the "Admission Record" revealed that Resident #126 was admitted to the facility on 05/26/2024.

Record review of Resident #126's MDS with an ARD of 10-10-2024 revealed in Section C a BIMS score of 14, which indicated the resident was cognitively intact.

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M 500	Continued From page 7 Record review of the facility policy titled, "Protocol for Keeping Catheter Bags Covered for Dignity Purposes in a Nursing Home" with no revision date revealed under "Objective...To maintain the dignity, privacy, and comfort of residents with catheter bags by ensuring that catheter bags are properly covered ... 2. Proper Covering of Catheter Bags...Catheter bags should be covered with an appropriate, discreet cloth or garment". Record review of the facility form, "Resident Rights" that is provided to residents when admitted to the facility, revealed that residents were to be "treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care of his personal needs..." An observation on 11/12/24 at 11:19 AM, revealed Resident #20 sitting up in her wheelchair in her room watching television. There was an uncovered urinary catheter bag hooked on the wheelchair frame and there was amber urine visible. An observation and interview on 11/13/24 at 10:28 AM, with Resident #20 revealed her lying in her bed eating breakfast. There was an uncovered urinary catheter bag hanging on the bed frame with 900 milliliters of urine in the bag and it was visible from the hallway. Resident #20 revealed that it bothered her a little for her urine to be visible and stated, "It makes me feel kinda icky." She revealed that she would like her catheter bag to be covered. Record review of Resident #20's "Order Summary Report" revealed an order effective 10/31/24 for a privacy bag or covering over urine collection bag for dignity.	M 500		

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M 500	Continued From page 8 An interview on 11/13/24 at 10:47 AM, with Licensed Practical Nurse (LPN) #4, revealed that they usually had blue privacy urinary bags on all residents with catheters. She confirmed that Resident #20 did not have a privacy catheter bag in use and that she would get it changed out. An interview with Registered Nurse (RN) #2 on 11/13/24 at 10:53 AM, revealed that they used blue privacy urinary catheter bags and that the catheter bag that Resident #20 had must have come from the hospital. She confirmed that Resident #20's catheter bag did not have a privacy covering and that visible urine was a dignity issue. She also agreed that someone should have caught this and changed it. Record review of Resident #20's "Admission Record" revealed an admission date of 09/05/24 and that she had diagnoses that included Malignant Neoplasm of the Uterus and Type 2 Diabetes Mellitus. Record review of Resident #20's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/30/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated that she was cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living 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: 1. Bath, dressing and grooming;	M 610		12/21/24

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M 610	Continued From page 9 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 interview, record review, and facility policy review, the facility failed to provide the necessary services to maintain grooming and personal hygiene for residents who are unable to self-perform activities of daily living (ADL's) for (2) two of 161 residents observed for ADL's. (Resident # 38 and #80) Findings include: Review of the facility policy titled, "Activities of Daily Living (ADL), Supporting," revised March 2018 revealed, "Policy Statement:.. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain grooming and personal hygiene..." Resident #38 On 11/12/24 at 12:15 PM, an observation and interview revealed that Resident #38 had long, jagged nails with a brown substance under each of her nails and facial hair. Resident #38 stated the staff sometimes trim and clean her nails and shave her at times, but it's been a while. An observation and interview with Resident #38 on 11/13/24 at 2:10 PM, revealed the resident continued to have long, jagged, dirty nails and facial hair. She stated she wanted her nails to be	M 610	1. On 11/13/2024, Resident #38 and Resident # 80□s nails were cleaned and trimmed and Resident #38□s face was cleaned of facial hair by Certified Nursing Assistant and verified by Registered Nurse Supervisor. 2. The facility determined that each of the 133 residents has the potential to be affected. 3. All nursing staff received a directed in service from the Nurse Educator beginning 11/20/2024 on providing nail care and shaving all residents who need to have that activity of daily living performed in according to care plan and documentation of care to include any refusals. Observations were conducted by Registered Nurse Supervisors on 11/15/2024 inspecting all residents for proper nail care and shaving practices. 4. Beginning the week of 11/18/2024, Registered Nurse Supervisors will observe five (5) residents per week for three (3) months to ensure that shaving and nail care are being performed in accordance with orders, care plan, and Kardex in Point of Care on Point Click Care. A report will be	

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M 610	Continued From page 10 trimmed and to be shaved and she had told some of the staff, but it had not been done. On 11/13/24 at 2:20 PM, during an interview and observation with Resident #38 and the Director of Nursing (DON) , the DON asked the resident about her nails and facial hair and the resident stated she told the staff she wanted to be shaved and have her nails trimmed, but it had not been done. The DON stated it was the responsibility of the staff to ensure nails were trimmed and clean and that the residents were shaven as they preferred since each resident needed to be cared for and happy with their appearance. She also stated the jagged nails could cause harm to the skin. She confirmed the facility failed to ensure the activities of daily living (ADL) care for a dependent resident was done as desired by the resident. Record review of Resident #38's "Admission Record" revealed the facility admitted the resident on 9/24/19 and diagnoses that included Epilepsy and Intellectual Disabilities. Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/12/24, revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had a moderate cognitive impairment. Resident #80 On 11/12/24 at 11:00 AM, an interview and observation of Resident #80 revealed the residents' fingernails to be approximately three-fourths (3/4) inch long past the tips of the fingers, jagged in appearance, with a thick dark brown substance under all the nail beds. He stated he could not remember the last time his	M 610	submitted to the Quality Assurance Performance Improvement on 12/11/2024 for review and recommendations then monthly for three (3) months. The Assistant Director of Nursing is responsible for monitoring, reporting, and compliance.	

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M 610	Continued From page 11	M 610		

nails were cut. He then stated he would like to have them cut and cleaned. He stated he has asked staff several times to trim his nails, but it has not been done.

An observation of Resident #80's fingernails on 11/13/24 at 10:15 AM, revealed no change in the resident's fingernails.

On 11/13/24 at 10:25 AM, an interview with Licensed Practical Nurse #2 she confirmed Resident #80's fingernails were very long, jagged and had some type of brown substance under the nails. She revealed that one of the concerns from the nails not being cleaned and trimmed was that he could scratch himself.

On 11/13/24 at 11:00 AM, an interview with the Infection Control Nurse , she confirmed that with Resident #80's nails being long and dirty then the resident could scratch himself and possibly get a skin infection.

In an interview with the Director of Nursing 11/13/24 at 2:36 PM, she revealed Resident #80 stated he wanted his nails trimmed and cleaned today.

Record review of the Task Care Guide for November 2024 for Resident #80 revealed no documentation of refusals of care.

Review of the "Admission Record" revealed Resident #80 was admitted by the facility on 7/12/19 with diagnoses of Quadriplegia and Need for Assistance with personal hygiene.

Record review of Resident #80's Section C of the MDS with an ARD of 8/15/24 revealed in Section C a BIMS score of 15, indicating the resident was

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M 610	Continued From page 12 cognitively intact.	M 610		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review the facility failed to ensure the proper storage of drugs as evidenced by a medication cart being left unlocked during medication administration for one (1) of four (4) medication carts observed. Findings Include: Record review of the facility policy titled "Storage of Medications" with reviewed date of July 2024 revealed under policy statement, "The facility stores all drugs and biologicals in a safe, secure, and orderly manner...9. Unlocked medication carts are not left unattended...." An observation on 11/13/24 at 8:20 AM, revealed Licensed Practical Nurse (LPN) #3, administer medications to a resident in room #306. LPN #3 left the medication cart outside of Room #306	M 705	1. On 11/13/2024, the Licensed Practical Nurse (LPN) immediately locked the cart. On 11/13/2024 the Assistant Director of Nursing (ADON) conducted a one-on-one education with the LPN on always securing the medication cart when cart is unattended. 2. The facility determined that each of the 133 residents has the potential to be affected. 3. On11/20/2024, the Nurse Educator began in services with all licensed nursing staff on securing the medication cart while the medication cart is unattended. 4. Beginning the week of 11/18/2024 the Assistant Director of Nursing will check	12/21/24

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	82CI	A. BUILDING: _____ B. WING _____	11/14/2024

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M 705	Continued From page 13 with the medication drawers facing the outside of the door. At 8:35 AM, upon exiting Room #306, an observation revealed that the medication cart was unlocked while unattended. LPN #3 confirmed that the medication cart was unlocked and revealed that residents could have come up to the medication cart and took what they wanted out of the drawers. She confirmed that the medication cart was supposed to be locked at all times unless the nurse was present and preparing medications for administration. An interview on 11/13/24 at 2:36 PM, with Registered Nurse (RN) #2, revealed that the medication carts were supposed to be locked at all times to prevent anyone from getting into the carts while unattended. She revealed that the only time the medication cart should be unlocked was if the nurse was standing at the cart getting medications out. RN #2 confirmed that LPN #3 should have locked the medication cart prior to entering Room #306.	M 705	three (3) nurse□s carts at random times weekly for three (3) months to ensure the cart is properly secured. A report beginning on 12/11/2024 will be submitted to the Quality Assurance Performance Improvement committee monthly for three (3) months for review and recommendations. The Director of Nursing is responsible for monitoring, reporting, and compliance.	
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to provide a safe, clean, comfortable, and homelike environment for two (2) of three (3) survey days. Findings include:	M1210	1. On 11/12/2024, resident□s room 129 was deep cleaned by housekeeping and followed up by the Housekeeping Manager to ensure that room was cleaned. On 11/13/2024, resident□s rooms103, 131, 327 were deep cleaned by housekeeping and followed up by the	12/21/24

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M1210	Continued From page 14 Record review of the facility policy titled, "Homelike Environment" revised February 2021, revealed under the policy statement, "Residents are provided with a safe, clean, comfortable and homelike environment...." Room 131 An observation on 11/12/24 at 10:20 AM and again at 2:25 PM of Room 131's exterior door frame revealed a thick black substance around the frame and side of the wall. An observation on 11/13/24 at 8:49 AM revealed the condition of Room 131 remained the same as the prior day's observation. During an interview and observation on 11/13/24 at 1:30 PM, Housekeeper #5 confirmed that there was a black substance around the bottom door frame of the exterior door and wall. 200 Hall An observation at the end of the 200 hall by the exit door, on 11/12/24 at 12:04 PM revealed a large brown discolored area on the ceiling tiles that measured approximately 2-foot x 1 foot. An observation and interview with Housekeeping Supervisor #1 on 11/13/24 at 11:20 AM, confirmed the area on the ceiling and described the area as, "looks like something is leaking up there." An observation and interview with Maintenance #2 on 11/13/24 at 11:26 AM revealed, the discolored area on the ceiling tile was from the air conditioning unit, which was stored above the ceiling, being stopped up and leaking. He	M1210	housekeeping manager to ensure that room was cleaned. On 11/13/2024 Maintenance Assistant replaced the tiles on the 200 hall. On 11/14/2024, the Housekeeping Manager educated the housekeeper on ensuring proper cleaning of resident□s rooms. 2. The facility determined that each of the 133 residents has the potential to be affected. 3. On 11/14/2024, the Housekeeping Manager conducted an in service with all housekeeping staff on the 5 and 7 step method of cleaning all residents□ rooms and restrooms. 4. Beginning the week of 11/18/2024, the Housekeeping Manager will audit eight (8) resident□s room weekly for the next three (3) months for cleanliness. A report will be submitted to the Quality Assurance Performance Improvement on 12/11/2024 for review and recommendations then monthly for three (3) months. the Housekeeping Manager is responsible for monitoring, reporting, and compliance.	

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M1210	Continued From page 15 revealed he was not aware that it had leaked onto the ceiling tiles. He confirmed the residents and visitors would expect the building to be in good repair and a homelike environment.	M1210		
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. 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 Based on observation, staff interviews, record	M1570	1. On 11/13/2024, the Assistant Director of Nursing (ADON) educated the Licensed Practical Nurse (LPN) on proper personal protective equipment that is needed to be	12/21/24

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M1570	Continued From page 16 review, and facility policy review the facility failed to ensure that Enhanced Barrier Precautions (EBP) was implemented for a resident that required EBP for (1) of five (5) direct care areas observed. Findings Include: Record review of the facility policy, "Enhanced Barrier Precautions" (EBP) dated 04/01/24 revealed that "EBP are indicated for residents with any of the following:..Wounds and/or indwelling medical devices even if the resident is not known to be infected..." The policy also revealed that gloves and gowns are to be donned when performing wound care. An observation on 11/13/24 at 11:20 AM, revealed Licensed Practical Nurse (LPN) #4, completed wound care to Resident #20's left heel without donning a gown prior to the wound care being performed. LPN #4 revealed that she knew to use EBP with wound care, but she got nervous and forgot. She revealed that the purpose of EBP was to prevent the spread of infection, and it was to protect the residents as well as the staff. There was EBP signage on the resident's door. An interview on 11/13/24 at 11:43 AM, with Registered Nurse (RN) #2, revealed that Resident #20 was on EBP because she had a urinary catheter and a wound. She revealed that EBP was supposed to be followed to protect the residents from the possible spread of germs or infection. RN #2 confirmed that LPN #4 should have worn gloves and a gown when she provided wound care for Resident #20. Record review of Resident #20's "Order Summary Report" dated 11/08/24 revealed an	M1570	worn while entering a room with enhanced barrier precautions. 2. The facility determined that each of the 133 residents has the potential to be affected. 3. On 11/20/2024, the Nurse Educator began in services with all staff on proper personal protective equipment to use and when proper protective equipment is needed while interacting with residents under enhanced barrier precautions. 4. Beginning the week of 11/18/2024, the RN Supervisors will begin observing five (5) staff members per week for three (3) months using proper protective equipment with residents under enhanced barrier precautions. A report will be submitted to the Quality Assurance Performance Improvement on 12/11/2024 for review and recommendations then monthly for three (3) months. The Infection Preventionist is responsible for monitoring, reporting, and compliance.	

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M1570	Continued From page 17 order to cleanse the deep tissue injury to her left heel with povidone-iodine and leave open to air. Record review of Resident #20's "Care Plan" revealed that she had a deep tissue injury to the left heel and revealed, "This resident is on Enhanced Barrier Precautions" and "Use EBP when....providing wound Record review of Resident #20's "Admission Record" revealed an admission date of 09/05/24 and that she had diagnoses that included Malignant Neoplasm of Uterus, Pressure - Induced Deep Tissue Damage of Left Heel, and Type 2 Diabetes Mellitus. Record review of Resident #20's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/30/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated that she was cognitively intact.	M1570		