STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255140	A. BUILDING _____ B. WING _____	C 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey and eleven (11) Complaint Investigations (CI MS #26373, CI MS #26431, CI MS #26742 CI MS #26914, CI MS #27173, CI MS #27365, CI MS #27377, CI MS #27340, CI MS #27429, CI MS #27468, and CI MS #27564) at the facility from 1/06/25 through 1/09/25. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited F561, F584, F623, F625, F641, F655, F656, F677, F727, F851, and F880. The SA identified non-compliance and cited F655, F656 and F677 for failure to implement a care plan and provide Activities of Daily Living for CI MS #26914, CI MS #27365 and CI MS #27564. The SA cited F584 regarding environment issues for CI MS #26373 and CI MS #27564. The SA identified non-compliance and cited F600 regarding abuse for CI MS #26431. The SA investigated CI MS #26742, CI MS #27173, CI MS #27340, CI MS #27377, CI MS #27429 and CI MS #27468 with no deficiencies cited. The census at the time of the survey was 97 and the facility was licensed for 107 beds.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose	F 561		1/31/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/27/2025

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F 561	Continued From page 1 activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to honor a resident 's preferences for (1) one of 23 sampled residents. Resident #195 Findings include: A review of the facility policy titled, "Resident Rights," revised 04/2017, revealed, "Residents shall: C.) Be assured of choice and share responsibility for decisions... E.) Receive care and services that are adequate and appropriate..." An observation on 1/06/25 at 9:00 AM revealed Resident #195's hair and beard to be unkept and	F 561	1. On 1/6/2025, Certified Nursing Assistant (CNA#1) completed a shower and activities of daily living (ADL) care to including shaving, nail care, and shower for Resident #195. On 01/10/2025 RN (Registered Nurse) #1 interviewed Resident # 195 to ensure all resident preferences with ADL care were accurate and being followed. On 1/7/2024 the Administrator educated CNA#1 and CNA#2 on completion of ADL care according to residents' preferences. 2. The facility determined that all residents have the potential to be affected. 3. On 1/10/2025 an audit was completed by RN (Registered Nurse) #1 with all	

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F 561	Continued From page 2 matted in appearance, his fingernails were observed to be approximately 1/2 inch long with a thick dark brown substance under the nail beds. In a continued interview with Resident #195, he stated he had been in the facility a little over two weeks, and he had not received a shower, a shave, or had his hair brushed at all. He went on to state he had told someone when he was admitted that he preferred a shower and had asked the staff for one several times, they would say ok but never come back. He then stated, "I am unable to get up by myself, or I would try to shower myself." In an interview and observation of Resident #195 on 1/6/24 at 12:10 PM with Certified Nurse Assistant (CNA) #1, she confirmed she had not attempted to give the resident a shower, and stated the facility does not have a set shower schedule for the residents. She then admitted that the resident's hair, beard and nails did not appear clean or that he had had a bath lately. In an interview and record review with the shower CNA #2 on 1/06/24 at 1:00 PM, she confirmed that the facility does not have a set shower schedule for the residents letting us know when they need one. She then revealed that if a resident receives a shower by the shower staff, then it would be documented on the shower schedule forms. After record review she confirmed that Resident #195 had no documented shower since admission. In an interview with the Director of Nursing (DON) on 1/07/25 at 10:39 AM, she confirmed that the facility did not have a shower schedule in place at this time. She stated, "we had one in place for a while, but no one was following up on it and so it	F 561	residents to verify the accuracy of ADL care to include showers, nail care, and shaving. The audit results were care planned by the MDS (Minimum Data Set) team to ensure staff were following the residents' preferences. This included modification of 12 (twelve) residents ADL (Activities of Daily Living) completed. On 1/10/2025 MDS (Minimum Data Set) team-initiated education with the Direct care staff on following the plan of care for resident preferences and how to utilize the Kardex, which contains the resident preferences. 4. Beginning 1/10/2025 RN (Registered Nurse) Supervisor will observe five (5) residents' weekly observations for 4 weeks and then monthly for three (3) months to ensure staff provide care according to the care planned resident preferences. On 1/10/2025 a QAPI (Quality Assurance Performance Improvement) meeting was held with the Interdisciplinary team to discuss the survey results. A report of audit findings will be submitted by the RN (Registered Nurse) Supervisor to QAPI (Quality Assurance Performance Improvement) committee on 1/31/2025 for review and recommendations then monthly for three (3) months. The Director of Nursing is responsible for monitoring and compliance.	

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F 561	Continued From page 3 was stopped." She confirmed she was aware there was a problem and should have put something in place to ensure residents received their showers. She stated that failing to provide Resident #195 showers per his preference is a failure to honor the residents' right of choice. Record review of the January Shower Record revealed there was no documented shower for Resident #195. Review of the "Admission Record" revealed Resident #195 was admitted by the facility on 12/21/24 with a diagnosis of Acute Kidney Failure. Record review of Resident #195's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/27/24, revealed the Brief Interview for Mental Status (BIMS) score was 13, indicating the resident was cognitively intact. Section F0400 : Interview for Daily Preferences revealed, C. "How important is it to you to choose a bath, shower, bed bath, or sponge bath?" Coded: "Very Important."	F 561		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F 584		1/31/25

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F 584	Continued From page 4 (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and facility policy reviews, the facility failed to provide a clean, comfortable, and homelike environment as evidenced by broken blinds or window coverings on three (3) of six (6) hallways observed during survey. Rooms 203, 505, 601, and 607. Findings included:	F 584	1. On 1/8/2025 the Maintenance Director replaced broken blinds on Room #203, 505, 601, and 607. On 1/8/2025 the Administrator conducted an Inservice with the Maintenance Director on repairs of facility to include documentation of TELS (The Equipment Lifecycle System) for a safe, clean, and comfortable home like environment. On 1/8/2025 the	

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F 584	Continued From page 5 A review of the facility policy titled "Homelike Environment" with a revision date of 02/2023 revealed under the "Policy Statement...Residents are provided with a safe, clean, comfortable environment ..." During an initial facility tour on 1/6/25, beginning at 7:45 AM, observations revealed broken or missing slats on window blinds in Rooms 203, 505, 601, and 607. This observation revealed there were residents residing in these rooms and the broken blinds allowed the room to be visible from outside the building. An observation of Room 601 on 1/6/25 at 8:00 AM, revealed four (4) broken slats on the left side of the blinds. An observation of Room 607 on 1/6/25 at 9:05 AM, revealed four (4) missing slats at the bottom of the blinds. An observation of Room 505 on 1/6/25 at 3:19 PM revealed ten (10) missing slats on the blinds. In an observation and interview with Certified Nursing Assistant (CNA) #4 on 1/7/25 at 1:00 PM, she confirmed that the window blinds were broken with multiple missing pieces. CNA #4 stated that maintenance needs are typically reported verbally to the Maintenance Director or Administrator, as there is no formal documentation process. She admitted she had noticed the broken blinds but forgot to report the issue due to other responsibilities. During an interview with the Administrator on 1/7/25 at 1:15 PM confirmed that she was aware	F 584	Maintenance Director conducted a facility wide audit to check on any broken blinds or repairs that were needed. The results of the audit include the replacement of blinds in 13 additional rooms. 2. All residents have the potential to be affected. 3. On 1/8/2025 an in-service was initiated with all staff on how to complete a TELS (The Equipment Lifecycle System) order when repairs are needed within the facility. 4. Beginning the week of 1/10/2025 the Maintenance Director will audit resident rooms to check on any repairs needed to include blinds on (5) five rooms weekly times (4) four weeks and monthly for (4) four months and quarterly thereafter. On 1/10/2025 a QAPI (Quality Assurance Performance Improvement) meeting was held with the Interdisciplinary team to discuss the survey results. A report of audit findings will be submitted to QAPI (Quality Assurance Performance Improvement) committee by Maintenance Director on 1/31/2025 for review and recommendations then monthly for three (3) months. The Maintenance Director and Administrator are responsible for monitoring and compliance.	

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F 584	Continued From page 6 of the broken blinds because she conducts daily rounds. She stated that she reports maintenance needs to the maintenance director and that replacement blinds had been received but admits they had not been put up yet. She admitted there was no documentation of her rounds or maintenance notifications regarding the blinds. In an interview with the Maintenance Director on 1/7/25 at 1:24 PM, he confirmed that he was aware of the broken blinds in multiple rooms and stated that some replacement blinds had arrived the previous week, but none had been installed yet. He then verified that there was no documentation available to show when the blinds were ordered.	F 584		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record reviews, and facility policy reviews, the facility	F 600	1. On 9/09/2024 CNA #5 was terminated regarding the self-reported abuse	1/31/25

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F 600	Continued From page 7 failed to protect a resident from verbal abuse for one (1) of 23 sampled residents. Resident #60. Findings Included: A review of the facility's policy titled "Policy for Prohibition of Abuse, Neglect, and Misappropriation of Property" with no revision date revealed under "Intent...Each resident has the right to be free from abuse, mistreatment, neglect, corporal punishment, involuntary seclusion, and financial abuse." Record review of the facility's investigation revealed that on 9/9/24 at 9:30 AM, Resident #60 reported that Certified Nursing Assistant (CNA) #5 made a verbal threat toward him on 9/8/24. Resident #60 stated that CNA #5 asked him to throw something in the trash, and when he refused, she responded by telling him she would run him over with her truck. This incident occurred as CNA #5 was leaving the facility. Witnesses stated that CNA #5 backed up, screeched her tires, and left the parking lot. Resident #60 was behind her vehicle in his motorized wheelchair at the time. No physical contact occurred. CNA #5 was suspended pending an investigation. The facility substantiated that verbal abuse occurred. A review of a written statement dated 9/9/24 and signed by CNA #5 revealed that she asked Resident #60 to throw something away while he was outside the facility. She stated that the resident insulted her, calling her an expletive. She responded by saying, "Stop please and move" and "chill out," to which the resident replied that he did not have to do anything for her. CNA #5 stated that she got into her truck, put it in reverse,	F 600	allegation for Resident #60. On 1/10/2025 an Inservice was initiated by SDC (Staff Development Coordinator) with all staff on the Abuse and Neglect Prohibition Policy. 2. The facility determined that all residents have the potential to be affected. 3. On 1/16/2025 the AG (Attorney General) Representative held a facility wide Inservice with education on Abuse and Neglect. 4. Beginning 1/10/2025 the facility department heads including social services, activities, nursing leadership, and business office will conduct Nexion neighbor rounds with residents with BIMS (Brief Interview for Mental Status) of 12 or higher to include interviews on what abuse and neglect means, safety in facility, and who to report abuse or neglect to. This will occur weekly for four weeks then monthly for three months and quarterly thereafter. The facility department heads including social services, activities, nursing leadership, and business office will conduct Nexion neighbor rounds with residents with BIMS (Brief Interview for Mental Status) below 12 to observe for any signs and symptoms of Abuse or neglect and report findings to Abuse Coordinator immediately. These observations will occur weekly for four weeks then monthly for three months, and quarterly thereafter. On 1/10/2025 a QAPI (Quality Assurance Performance Improvement) meeting was held with the Interdisciplinary team to discuss the survey results. A report of audit findings will be submitted to QAPI	

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F 600	Continued From page 8 and assumed the resident would move. In an interview with Resident #60 on 1/6/25 at 9:00 AM, he recalled that on the morning of 9/8/24, at approximately 9:30 AM, CNA #5 asked him to throw something away but did so with an attitude. He told her he did not have to do anything for her. Resident #60 stated that CNA #5 then threatened to run him over, entered her truck, and began backing up while he was positioned behind and slightly to the left of her vehicle. She stopped, screeched her tires, and left the parking lot. Resident #60 reported feeling that CNA #5 intended to hit him but confirmed that no contact occurred. During an interview with CNA #3 on 1/6/25 at 2:40 PM, she stated that on 9/8/24 at around 9:30 AM, she witnessed CNA #5 asking Resident #60 to throw something away. Resident #60 threw the item on the ground and told CNA #5 to throw it away herself. CNA #3 reported hearing CNA #5 state, "I ought to run down your [expletive]." She then observed CNA #5 back up toward Resident #60, screech her tires, and leave the facility. In an interview with the Administrator (ADM) on 1/6/25 at 3:00 PM, she confirmed that on 9/9/24, she received a report from Resident #60 about the incident on 9/8/24. The report indicated that CNA #5 was rude and verbally threatened to run over Resident #60 with her vehicle. The ADM stated that CNA #5 was immediately suspended pending investigation. She confirmed that the investigation substantiated verbal abuse by CNA #5. A review of Resident #60's "Admission Record" revealed that he was admitted to the facility on	F 600	(Quality Assurance Performance Improvement) committee by the Administrator on 1/31/2025 for review and recommendations then monthly for three (3) months. The Administrator is responsible for monitoring and compliance.	

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F 600	Continued From page 9 12/10/21 with a diagnosis of an Unspecified Injury at the T2-T6 Level of the Thoracic Spinal Cord. A review of the Annual Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 11/12/24 revealed that Resident #60 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that he is cognitively intact.	F 600		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph	F 655		1/31/25

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F 655	Continued From page 10 (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review and facility policy review, the facility failed to implement a baseline care plan related to preferences and personal hygiene care for (1) one of 29 resident care plans reviewed. (Resident #195) Findings include: Review of the facility policy titled, "Care Plans-Baseline," with a revision date of March 2022 revealed under "Policy Interpretation and Implementation...the baseline care plan includes instructions needed to provide effective, person-centered care of the residents that meet professional standards of quality and must include the minimum healthcare information necessary to properly care for the resident..." Review of the Baseline care plan for Resident #195 dated 12/21/24, revealed, Daily preferences that a resident prefers: receiving showers	F 655	On 1/6/2025, Certified Nursing Assistant (CNA#1) completed a shower in accordance with resident preference with baseline care plan for Resident #195. On 01/10/2025 RN (Registered Nurse) #1 interviewed Resident # 195 to ensure all resident preferences with ADL care were accurate and being followed. On 1/7/2025 the Administrator educated CNA#1 and CNA#2 on completion of ADL care according to residents' preferences. The facility determined that all residents have the potential to be affected. On 1/10/2025 an audit was completed by RN (Registered Nurse) #1 with Ninety-Six (96) residents to verify the accuracy of ADL care to include showers, nail care, and shaving. The audit results were care planned by the MDS (Minimum Data Set) team to ensure staff were following the	

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F 655	Continued From page 11 checked. .... Functional Abilities and Goals-Self Care: Shower/bathe care: coded requires partial/moderate assistance. ... I.) Personal Hygiene: coded requires setup or clean-up assistance. An observation and interview with Resident #195 on 1/6/25 at 9:00 AM revealed his hair appeared mated and his fingernails were approximately one-half (1/2) inch past the tips of the fingers with a brown substance underneath. He stated that he had been in the facility a couple of weeks and had not had a shower, shave or brushed his hair. He stated that he told the staff during admission that he preferred showers and had asked for one several times. In an interview with the Minimum Data Set (MDS) Coordinator #2 on 1/07/25 at 10:50 AM, she revealed after reviewing the baseline care plan for Resident #195, that the care plan reflected that it was the resident's preference to receive showers and required assistance with bathing and personal hygiene. She then confirmed if staff did not shower the resident, they did not implement his care plan for his preferences. She also confirmed if staff did not assist the resident with bathing and personal hygiene needs, staff did not implement his care plan related to self-care performance. The MDS Coordinator also revealed the purpose of any type of care plan is to direct resident specific care required to meet their needs. Review of the "Admission Record" revealed Resident #195 was admitted by the facility on 12/21/24 with a diagnosis of Acute Kidney Failure. Record review of Resident #195's Admission	F 655	residents' preferences on twelve (12) residents. On 1/10/2025 MDS (Minimum Data Set) team-initiated education with the Direct care staff on following the plan of care for resident preferences and how to utilize the Kardex, which contains the resident preferences. Beginning 1/10/2025 RN (Registered Nurse) Supervisor will observe five (5) residents' weekly observations for the next three (3) months to ensure staff provide care according to the care planned resident preferences. On 1/10/2025 a QAPI (Quality Assurance Performance Improvement) meeting was held with the Interdisciplinary team to discuss the survey results. A report of audit findings will be submitted by the RN (Registered Nurse) Supervisor to QAPI (Quality Assurance Performance Improvement) committee on 1/31/2025 for review and recommendations then monthly for three (3) months. The Director of Nursing is responsible for monitoring and compliance.¿¿	

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F 655	Continued From page 12 MDS with an Assessment Reference Date (ARD) of 12/27/24, revealed the Brief Interview for Mental Status (BIMS) score was 13, indicating the resident was cognitively intact. Section GG0130: Self Care, revealed, E.) Shower/bathe: coded requires substantial/maximal assistance and I.) Personal Hygiene: coded requires supervision or touching assistance.	F 655		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		1/31/25

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F 656	Continued From page 13 resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, record reviews, and facility policy reviews, the facility failed to implement a comprehensive care plan for personal hygiene for three (3) of 23 resident care plans reviewed. Residents #17, #49, and #57 Findings include: Review of the facility policy titled, "Care Plans, Comprehensive Person-Centered" dated 10-2022 revealed under "Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." Resident #17	F 656	On 01/07/2025, Resident #17 nails were cleaned and trimmed and facial hair shaved by CNA #2 in accordance with the resident's care plan. On 1/6/2025 Resident # 49 was shaved, and incontinence care was completed by CNA #2 in accordance with the resident's care plan. On 1/7/2025 Resident #57 nails were cleaned and trimmed along with facial shaving by CNA #2 in accordance with the resident's care plan. On 1/7/2025, the Administration educated CNA #1, CNA #2, CNA # 7 and CNA #8 on completion of ADL Care in accordance with resident's care plan. All residents had the potential to be affected. On 1/15/2025 Corporate Clinical	

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F 656	Continued From page 14 Record review of Resident #17's "Care Plans", undated revealed "Focus: The resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) decreased mobility and generalize weakness ...Interventions ...Bathing/Showering: Check nail length and trim and clean on bath day and as necessary. The resident is totally dependent on one (1) staff with personal hygiene. On 1/06/25 at 9:30 AM, an observation and interview with Resident #17 revealed long and jagged fingernails with a brown substance under the nails on bilateral hands that measured approximately one (1) inch long. Facial hair measured approximately three-fourths (3/4) inch long to sporadic areas of her chin. Resident #17 stated, "I don't like these whiskers. They are very long, and they need to be cut." She revealed it's been a while since I've had my fingernails cut, and I would like them cleaned and trimmed. On 1/07/25 at 1:00 PM, an observation and interview the Director of Nurses (DON) confirmed Resident #17's fingernails were long, jagged, and had a substance under them. The DON revealed that the nurses are responsible for trimming her fingernails since she is diabetic, and trimming her facial hair is part of her daily grooming when she gets a bed bath or shower. She revealed that with her fingernails, long and jagged, she could scratch herself and cause skin concerns. The DON confirmed that Resident #17 had long facial hair in her chin area and revealed that she had not been properly groomed. A review of the Admission Record revealed the facility admitted Resident #17 on 11/19/2019 with medical diagnoses that included Type 2 Diabetes	F 656	Specialist initiated in-service with the Administrator and Director of Nursing on ADL Care to include resident preferences, care planning and best methods for completion. This in-service continued to all certified and licensed nursing staff by the Staff Development Coordinator to include how to read and understand the Point Click Care Kardex which shows the electronic care plan chart and provides a plan of care. On 1/10/2025 one hundred percent care plan audit completed. Beginning the week of 1/10/2025, Registered Nurse Supervisor will observe five (5) residents per week for three (3) months to ensure implementation of care plan preferences to include shaving, nail care, and incontinence care are being performed in accordance to orders, care plan, and Kardex in Point of Care on Point Click Care. On 1/10/2025 a QAPI (Quality Assurance Performance Improvement) meeting was held with the Interdisciplinary team to discuss the survey results. A report of audit findings will be submitted by the RN (Registered Nurse) Supervisor to QAPI (Quality Assurance Performance Improvement) committee on 1/31/2025 for review and recommendations then monthly for three (3) months. The Director of Nursing is responsible for monitoring and compliance.	

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Mellitus, Chronic Pulmonary Edema, and Heart Failure.

Record review of Resident #17's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10-29-2024 revealed, under Section C, a Brief Interview for Mental Status (BIMS) summary score of 14, which indicates the resident is cognitively intact.

Resident #49

Record review of Resident #49's "Care Plans," date initiated: 08/19/2024, revealed "Focus: The resident has an ADL self-care performance deficit r/t Activity Intolerance, Dementia, Limited Mobility ... Interventions: The resident is totally dependent on 1 staff with personal hygiene and oral care. The resident requires extensive assistance by two (2) staff for toileting.

An observation on 1/06/25 at 08:15 AM, revealed a strong urine smell when standing by Resident #49's bed and with approximately ¾ inch of facial hair growth on his chin, above his lip, and on the sides of his cheeks. CNA #7 entered the room upon the State Agent's (SA) request and pulled back the blanket covering the resident. The resident was lying on a sheet that was saturated with urine extending from the right side of the resident's waist up to his torso and extending out approximately eight (8) inches towards the edge of the bed. The saturated urine area had a brown ring around the outer edges. CNA #7 confirmed that Resident #49 was lying in a large amount of urine and revealed that it looked like the night shift did not change him.

On 1/6/25 at 8:55 AM, during an interview the

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DON confirmed that Resident #49 had long facial hair and revealed she wasn't sure when he was last properly groomed. She revealed the plan of care regarding his hygiene was not being followed, and it should have been.

Record review of the Admission Record revealed Resident #49 was admitted to the facility on 08/07/2024 with diagnoses that included Unspecified Dementia, Type 2 Diabetes Mellitus, Hemiplegia, and Hemiparesis.

Resident #57

Record review of Resident #57's "Care Plans," date initiated: 10/20/2021, revealed "Focus: The resident has an ADL self-care performance deficit r/t Confusion, Impaired balance ... Interventions ... Personal Hygiene: The resident is totally dependent on two (2) staff members for personal hygiene.

On 1/06/25 at 8:00 AM, an observation revealed Resident #57 lying in bed with approximately 1-inch long facial hair growth on his chin, above his lip, and on the sides of his cheeks. Resident #57's fingernails on bilateral hands were approximately one-half (1/2) inch long and jagged with a brown substance under his fingernails.

On 1/06/25 at 8:30 AM, during an observation and interview the DON confirmed that Resident #57 was unshaven, and his fingernails were long, jagged, and dirty. The DON revealed that it is the CNAs' responsibility to ensure the resident is shaven and adequately groomed, and the nurses are responsible for his nail care since he is a diabetic.

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F 656	Continued From page 17 During an interview on 1/07/25 at 2:40 PM, the Minimum Data Set (MDS) Nurse #1 revealed both MDS Coordinators are responsible for developing the resident's care plans. She revealed that it is patient-centered and addresses all areas of care that the resident is to receive. She revealed that the comprehensive care plans for Residents #17, #47, and #59 were not followed if the residents were not adequately groomed. She revealed that personal hygiene and bathing also covered nail care, perineal care, and shaving. MDS Coordinator #1 revealed there is no excuse for a resident not to have the care specified in their care plan. Record review of the Admission Record for Resident #57 revealed he was admitted to the facility on 02/21/22 with diagnoses that included Need for Assistance with Personal Care and Type 2 Diabetes Mellitus.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to provide personal hygiene for four (4) of 29 sampled residents. Residents #17, #49, #57, and #195 Findings include: Review of the facility policy titled "Activities of	F 677	On 01/07/2025, Resident #17 nails were cleaned and trimmed and facial hair shaved by CNA #2 in accordance with the resident's care plan. On- 1/6/2025 Resident # 49 was shaved, and incontinence care was completed by CNA #2 in accordance with the resident's care plan. On 1/7/2025 Resident #57 nails were cleaned and trimmed along with	1/31/25

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F 677	Continued From page 18 Daily Living (ADL), Supporting" with a revision date of March 2018 revealed, "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 #17 An observation and interview with Resident #17 on 1/06/25 at 9:30 AM revealed long and jagged fingernails measuring approximately one (1) inch long past the tip of the fingers with a brown substance under the nails on bilateral hands, facial hair approximately three-fourths (3/4) inch long to sporadic areas of her chin. Resident #17 stated, "I don't like these whiskers. They are very long, and they need to be cut." She revealed it's been a while since she had her fingernails cut and wanted them cleaned and trimmed. An observation on 1/06/25 at 2:45 PM revealed Resident #17 sitting in the hallway with no change in appearance. An observation on 1/07/25 at 8:25 AM revealed Resident #17 with no change in appearance regarding long, jagged nails and long facial hair to the chin area. An observation and interview on 1/07/25 at 12:50 PM Certified Nurse Aide (CNA) #6 revealed she was assigned to Resident #17 today and confirmed the resident had a lot of facial hair to her chin area and the resident's fingernails were long and jagged with a brown substance under them. She revealed she couldn't cut the resident's fingernails but could have ensured they were cleaned up. Resident #13 told CNA #6 she	F 677	facial shaving by CNA #2 in accordance with the resident's care plan. On 1/6/2025, Certified Nursing Assistant (CNA#1) completed a shower and ADL care to including shaving, nail care, and shower for Resident #195. On 1/7/2025 the Administrator educated CNA#1, CNA#2, CNA #7, and CNA #8 on completion of ADL care according to residents' preferences. All residents had the potential to be affected. On 1/15/2025 Corporate Clinical Specialist initiated in-service with in-service with Administrator and Director of Nursing on ADL Care to include resident preferences, care planning and best methods for completion. This in-service continued to all certified and licensed nursing staff by the Staff Development Coordinator to include how to read and understand the Point Click Care Kardex which shows the electronic care plan chart and provides a plan of care. On 1/10/2025 an audit of all residents was completed for activities of daily living (ADL). On 1/10/2025 Neighbor Rounds are being conducted weekly to observe for ADL completion. Beginning the week of 1/10/2025, Registered Nurse Supervisor will observe five (5) residents per week for three (3) months to ensure the completion of ADL care is being provided for dependent residents according to the plan of care to include shaving, nail care, and	

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F 677	Continued From page 19 wanted her nails trimmed and her facial hair removed. An observation and interview on 1/07/25 at 1:00 PM, the Director of Nurses (DON) confirmed Resident #17's fingernails were long, jagged, and had a substance under them. The DON revealed that the nurses are responsible for trimming her fingernails since she is diabetic, and trimming her facial hair is part of her daily grooming when she gets a bed bath or shower. She revealed that with her fingernails, long and jagged, she could scratch herself and cause skin concerns. The DON confirmed that Resident #17 had long facial hair in her chin area and revealed that she had not been properly groomed. During an interview on 1/07/25 at 1:47 PM, Licensed Practical Nurse (LPN) #1 revealed she cleaned and trimmed Resident #17's fingernails about a month ago. She revealed there is no set day to do nail care and there is not a reminder in the documenting system; she stated, "We just do nail care when we notice that it needs to be done. I take full responsibility for not doing her nail care." Record review of the "Admission Record" revealed the facility admitted Resident #17 on 11/19/2019 with medical diagnoses that included Type 2 Diabetes Mellitus, Chronic Pulmonary Edema, and Heart Failure. Record review of Resident #17's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10-29-2024 revealed, under Section C, a Brief Interview for Mental Status (BIMS) summary score of 14, which indicates the resident is cognitively intact.	F 677	incontinence care. On 1/10/2025 a QAPI (Quality Assurance Performance Improvement) meeting was held with the Interdisciplinary team to discuss the survey results. A report of audit findings will be submitted by the RN (Registered Nurse) Supervisor to QAPI (Quality Assurance Performance Improvement) committee on 1/31/2025 for review and recommendations then monthly for three (3) months. The Director of Nursing is responsible for monitoring and compliance.	

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Resident #49

On 1/06/25 at 08:15 AM, an observation revealed a strong urine smell when standing by Resident #49's bed. CNA #7 entered the room upon the State Agent's (SA) request and pulled back the blanket covering the resident. The resident was lying on a sheet that was saturated with urine extending from the right side of the resident's waist up to his torso and extending out approximately eight (8) inches towards the edge of the bed. The saturated urine area had a brown ring around the outer edges. CNA #7 confirmed that Resident #49 was lying in a large amount of urine and stated, "You can tell he has not been changed in a while because of that brown ring around the outer edge." This observation also revealed Resident #49 with approx. ¾ inch of facial hair growth on his chin, above his lip, and on the sides of his cheeks.

During an observation and interview on 1/06/25 at 8:20 AM, LPN #1 confirmed she could smell a strong urine smell and that the urine-saturated sheet had a dried brown ring. She revealed that the urine looked like it had been there for a while and confirmed the resident was unshaven and unkempt.

During an observation and interview on 1/06/25 at 8:30 AM, the Administrator (ADM) confirmed that Resident #49 was lying on a urine-saturated sheet with a brown ring around the outer edges of the stain. She revealed that this is not acceptable and confirmed that he doesn't look like he has been groomed in quite some time and has been left wet for a while.

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(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) COMPLETION DATE
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An observation and interview on 1/6/25 at 8:35 AM CNA #7 revealed she is assigned to the resident today and made quick rounds when she came on her shift at 7 AM, just glancing in at her residents, and Resident #49 was asleep; she revealed she hadn't changed his brief this morning because she got busy assisting with breakfast. She stated the resident had not been shaved in quite some time, and "with his sheets being wet, I can tell you that the night shift did not change him like they were supposed to."

During an interview on 1/6/25 at 8:55 AM, the DON confirmed that Resident #49 had long facial hair and revealed she wasn't sure when he was last properly groomed. She revealed there was no excuse for the resident to be found lying in urine and stated, "We obviously have an issue with care not being done."

Record review of the Admission Record revealed Resident #49 was admitted to the facility on 08/07/2024 with diagnoses that included Unspecified Dementia, Type 2 Diabetes Mellitus, Hemiplegia, and Hemiparesis.

Resident #57

An observation on 1/06/25 at 8:00 AM revealed Resident #57 lying in bed with facial hair growth on his chin, above his lip, and on the sides of his cheeks that was approximately 1 inch long. Resident #57's fingernails were approximately one-half (1/2) inch long, jagged and had a brown substance underneath them on both hands.

During an observation and interview on 1/06/25 at 8:10 AM, LPN #1 confirmed Resident #57 was unshaven with fingernails that were long and

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	255140	A. BUILDING _____ B. WING _____	C 01/09/2025

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jagged, with a brown substance under them. She revealed she wasn't sure when the resident was shaven, but it looks like it has been a while. She revealed it is the nurses' responsibility to do his nail care since he is diabetic and revealed we do it whenever we notice they are getting long. She confirmed it had been about a month since the resident's nails were trimmed.

During an observation and interview on 1/06/25 at 8:20 AM, CNA #8 revealed she was assigned to the resident today and wasn't sure what day the resident was supposed to get his showers. She revealed we take them when they need to be cleaned up or give them a bed bath. She revealed that it looked like the resident hadn't been shaven in a long time, and his nails were very long and dirty.

During an observation and interview on 1/06/25 at 8:30 AM, the DON confirmed that Resident #57 was unshaven, and his fingernails were long, jagged, and dirty. She revealed that the resident could scratch himself and possibly cause an infection. The DON stated, "The CNA's are responsible for making sure residents are properly groomed, and it honestly looks like it's been a while since that has happened."

Record review of the Admission Record for Resident #57 revealed he was admitted to the facility on 02/21/22 with diagnoses that included Need for Assistance with Personal Care and Type 2 Diabetes Mellitus.
Resident #195

An observation and interview on 1/06/25 at 9:00 AM revealed Resident #195's hair and beard to be unkept and matted in appearance, his

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fingernails were observed to be approximately 1/2 inch long with a thick dark brown substance under the nail beds. Resident #195 stated he had been in the facility for a little over two weeks and had not received a shower, a shave, or even had his hair brushed. He then stated that his nails had also not been trimmed or cleaned since he was admitted. Resident #195 stated he had asked for a shower several times and the staff would say ok but would never come back to give him a shower, and stated, "I am unable to get up by myself, or I would try to do it myself."

In an observation of Resident #195 on 1/6/24 at 12:10 PM with CNA #1 assigned to the resident, she confirmed that the resident's hair and beard were unkept and did not appear clean. She then stated he did not appear that he had received a shower lately and confirmed the resident's nails were dirty, long, and jagged with some type of brown substance under his nail beds. She then confirmed she had not attempted to do nail care on the resident or give him a shower. CNA #1 then revealed the facility did not have a shower schedule in place letting the staff know when the residents are to be bathed and stated that nail care should be provided as needed.

In an interview with the shower CNA #2 and record review on 1/06/24 at 1:00 PM, she confirmed the facility did not have a set shower schedule for the residents. CNA #2 then revealed that when a resident receives a shower by the shower team that it would be documented on the shower schedule. She then confirmed she was unable to find any documentation of showers for Resident #195.

During an interview with the DON on 1/07/25 at

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10:39 AM, she confirmed that the facility did not have a shower schedule at this time. She stated "The facility had one in place for a while, but no one was following up on it, so it was stopped." She confirmed she was aware there was a problem with residents not receiving showers and confirmed she should have put something in place before now. She then stated concerns from failing to provide a resident with their showers and personal hygiene, is it could cause skin irritation, infection control issues, and dignity concerns.

Review of the "Admission Record" revealed Resident #195 was admitted by the facility on 12/21/24 with a diagnosis of Acute Kidney Failure.

Record review of Resident #195's Admission MDS with an ARD of 12/27/24, revealed the BIMS score was 13, indicating the resident was cognitively intact. Section GG0130: Self Care, revealed, E.) Shower/bathe: coded requires substantial/maximal assistance ... I.) Personal Hygiene: coded requires supervision or touching assistance.