STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255276	A. BUILDING _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MADISON HEALTH AND REHAB	111 KELLY BLVD MADISON, MS 39110

(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 two (2) Complaint Investigations (CI MS #27198 and CI MS #27119) at the facility from 1/14/25 through 1/16/25. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited regulatory deficiencies at F 578, F 641, F 656, F 677, F 761, F 810, F 812, and F 880. The SA found the facility not to be in compliance related to CI MS #27198 and CI MS #27119 regarding Activities of Daily Living and implementing a care plan and cited F 656 and F 677. The facility had a census of 56 at the time of the survey and was licensed for 60 beds.	F 000		
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 interview, record review, and facility policy review, the facility failed to provide nail care, oral care and facial hair removal for resident's requiring assistance with activities of daily living (ADLs) for three (3) of 16 sampled residents. Resident #1, #2, and #7 Findings Include: Record review of the facility policy, "ADL Care	F 677	"Resident #1 had their facial hair removed and nail care provided on 1/15/2025 by the assigned CNA. Resident #7 had their nails trimmed and cleaned on 1/15/2025 by the assigned CNA. Resident #2 Received oral hygiene care on on 1/15/2025 by the assigned CNA. "All Residents have the potential to be affected by this deficient practice.	2/14/25

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

Electronically Signed | 01/28/2025

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F 677	Continued From page 1 Policy" undated, revealed, "It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to residents to ensure all ADL needs are met on a daily basis ..." Resident #1 An observation and interview on 1/14/25 at 9:20 AM revealed, Resident #1 with facial hair on her chin that was approximately three (3) to four (4) inches long. An interview with the resident revealed that she did not like facial hair and stated, "I want them gone." An observation and interview on 1/15/25 at 1:27 PM, with Certified Nursing Assistant (CNA) #1 revealed facial hair and fingernails should be taken care of during bath time or anytime it was noticed. She confirmed that Resident #1 had long hair on her chin and admitted it should have already been taken care of. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 4/03/2017 with medical diagnoses that included Major Depressive Disorder and Muscle Weakness. Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/24, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #7 On 1/14/25 at 9:00 AM, an observation and	F 677	"Effective 1/16/2025, activities of daily living hygiene, oral care, hair care, and nail care is being completed on a daily basis by all shifts. Inservice conducted on 1/16/2025 by administrator for nursing staff to educate the importance of activities of daily living care towards all residents on a daily basis. As of 1/20/2025 clinical supervisors are evaluating all Residents weekly to ensure ADL care is being provided for. Any issues notated will immediately be addressed by assigned licensed practical nurse and assigned certified nurse aide. "Effective 1/16/2025, the administrator and director of nursing will each assess 3 different patients weekly to ensure activities of daily living care is being completed on residents times three months. The weekly observation reports will be brought forth by the administrator to the quality assurance committee monthly, beginning 2/13/2025, times three months to assure substantial compliance has been achieved.	

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F 677	Continued From page 2	F 677		

interview with Resident #7 revealed she had fingernails approximately one-half (1/2) to three-fourths (3/4) inches in length past the tips of the fingers. She admitted that she had never had fingernails this long before, and stated, "I keep them very short; I feel like they are like claws now." The resident revealed she had been at the facility since December, and no one had offered to clip her nails.

An observation and interview on 1/15/25 at 1:20 PM of Resident #7 with CNA #1 revealed that fingernails should be checked every day, cleaned and clipped when needed. She confirmed Resident #7's fingernails were long and Resident #7 stated to CNA #1, "I have never had my nails this long before and I want them cut." CNA #1 stated that with the resident's fingernails that long she could scratch herself and cause skin tears or the spread of bacteria.

On 1/16/25 at 8:30 AM, an interview with Registered Nurse (RN) Supervisor revealed that the nurses should be checking behind the aides to make sure the resident needs were taken care of. She revealed she was not aware Resident #7 had long fingernails and confirmed that nail care should be included in their personal hygiene task.

On 1/16/25 at 9:10 AM, an interview with the Director of Nursing (DON) confirmed that the nurses and the aide supervisor should be overseeing the completion of ADL care. He revealed that anyone who noticed a need with a resident should take care of the problem or tell someone who could.

Record review of the "Admission Record" revealed the facility admitted Resident #7 on

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F 677	Continued From page 3	F 677		

12/20/24 with a medical diagnosis of Rhabdomyolysis.

Record review of Resident #7's MDS with ARD of 11/26/24 revealed under Section C, a BIMS score of 10, which indicated the resident was moderately cognitively impaired.
Resident #2

An observation of Resident #2 on 1/14/25 at 8:09 AM revealed the resident was trying to talk and a thick white substance was observed on her upper and lower teeth and gums.

An observation of Resident #2 on 1/15/25 at 8:06 AM revealed no change in the resident's teeth and gums.

An observation and interview on 1/15/25 at 3:10 PM, with CNA #2 revealed she was assigned to Resident #2 today on day shift. She confirmed the resident had excess buildup on her teeth and that she did not brush the residents' teeth today. She explained that the resident was on the "get up" list and that the night shift should have done it. She admitted that she should have checked behind them to ensure it was done.

An observation and interview with the DON on 1/15/25 at 3:22 PM described Resident #2's teeth as "plaque buildup and food particles." He revealed that the aides and nurses were responsible for oral care and brushing the resident's teeth. The DON stated that the resident could develop decay and cavities from not getting the appropriate oral care.

Record review of the "Admission Record" revealed the facility admitted Resident #2 on

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F 677	Continued From page 4 10/28/20 with medical diagnoses that included Dysphagia and Left Wrist Drop.	F 677		