MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07CC	A. BUILDING: _____ B. WING _____	05/05/2025

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BAPTIST NURSING HOME-CALHOUN, INC	152 BURKE CALHOUN CITY ROAD CALHOUN CITY, MS 38916

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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; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to provide care to maintain personal hygiene for three (3) of 95 residents in the facility. Resident #40, #90, and #92. Findings include: Review of facility policy titled, "Activities of Daily Living (ADL'S) last review date 4/3/18, revealed, "Policy...to assist residents in achieving maximum function with Activities of Daily Living...will provide assistance to residents as necessary...". Resident #40 An observation and interview on 4/29/25 at 11:13 AM revealed Resident #40's fingernails to be approximately 3/4th (three-fourth) inch long and jagged past the tips of the fingers. Resident #40 stated she would like them to be shorter, and she	M 610	**Corrective actions accomplished for resident found to have been affected by the deficient practice: Immediate provision of fingernail care to Residents #40, 90, and 92 on 5/2/25 by Assistant Director of Nursing. **Identifications of other residents having the potential to be affected by the same deficient practice: All resident who are admitted and presently reside at this facility have the potential to be affected by the deficient practice of failure to provide Activities of Daily Living care. **Measures put into place or systemic changes to ensure the deficient practice will not recur: Staff education provided on 5/5/25 by the Staff Development Specialist on the importance of personal hygiene and	5/29/25

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M 610	Continued From page 1 wasn't sure the last time that her fingernails were trimmed. An interview and observation on 4/30/25 at 11:25 AM, Certified Nurse Aide (CNA) #1 confirmed the resident's fingernails were long and revealed that the nurses are responsible for cutting the resident's fingernails. During an interview and observation on 4/30/25 at 12:05 PM, Licensed Practical Nurse (LPN) #1 revealed the Registered Nurses (RN) are supposed to do the weekly fingernail care for each resident. She confirmed the resident's fingernails were long and jagged, and she wasn't sure when the last time they were cut. During an interview on 4/30/25 at 2:22 PM, Registered Nurse (RN) #1 revealed nail care is supposed to be done by an RN weekly when they do the body audit. She confirmed the resident's nails were long and jagged and revealed it looked like it had been quite some time since her fingernails were tended to. A record review of Resident #40's Orders revealed, "Nail Care Routine, Weekly." Record review of the resident demographics revealed Resident #40 was admitted to the facility on 5/18/2021 with a medical diagnoses that included Type 2 Diabetes Mellitus with Diabetic Nephropathy. Record review of Resident #40's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/25/2025 revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident has moderate cognitive impairment.	M 610	grooming as part of Activities of Daily Living. Integration of fingernail care into the routine Certified Nursing Assistants flow sheets and care plans on 5/5/25. **Facility's plan to monitor its performance to make sure that solutions are sustained: Weekly audits of Activities of Daily Living documentation and resident appearance by RNs weekly for four weeks, then monthly for five months of ten percent of all residents starting on 5/21/25. A new Quality Assurance tool was implemented on 5/22/25 to specifically tracking Activities of Daily Living and personal hygiene (with a focus on nail care). Results of the Quality Assurance audit tool will be presented at Quality Assurance Performance Improvement meeting on 5/29/25. Monthly staff meetings held by Director of Nursing/Assistant Director of Nursing to discuss findings and reinforce best practices starting on 5/20/25.	

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M 610	Continued From page 2 Resident #92 An observation and interview on 4/29/25 at 11:31 AM revealed Resident #92's fingernails to be approximately ½ (one-half) inch long past the tips of his fingers, dirty in appearance, with a brown substance under the nail beds. Resident #92 stated, "I've told them I need them cut, and they say I'll get back to you." He stated "These fingernails are just too long. If I could get a hold of my son, I would have him bring me in some fingernail clippers, and I'll do it myself." An observation on 4/30/25 at 8:40 AM revealed Resident #92's fingernails remain unchanged from the previous day. An observation on 4/30/25 at 11:15 AM, CNA #1 revealed that she was assigned to Resident #92 and confirmed that his fingernails were long and dirty with a brown substance underneath. She revealed that we can clean underneath the resident's fingernails, but the CNAs cannot cut them. She stated, "I think he will get his bed bath today, and we will clean his fingernails." An observation and interview on 4/30/25 at 11:35 AM, LPN#1 confirmed that CNAs are responsible for cleaning the fingernails each time the resident gets bathed. She confirmed that Resident #92's fingernails were long, jagged, and dirty. She stated, "Wow, these need to be cut." She confirmed it looked like it had been a while since his fingernails were cut and cleaned, revealing that he could scratch himself and cause a skin tear or infection with his nails being that long and jagged. A record review of Resident #92's Orders revealed, "Nail Procedure Routine, Weekly,	M 610		

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M 610	Continued From page 3 Finger and toenail care weekly as needed per RN Supervisor." Record review of the resident demographics revealed Resident #92 was admitted to the facility on 3/5/2024 with a medical diagnosis of Metabolic encephalopathy. Record review of Resident #92's MDS with an ARD of 2/20/2025 revealed a BIMS score of 11, indicating the resident has a moderate cognitive impairment. Resident #90 During an observation on 4/29/25 at 11:08 AM, Resident #90 was found lying in bed with eyes closed. Notably, his fingernails were approximately 3/4 inch long, appeared dirty, and had jagged edges with a brown substance underneath. During an observation and interview on 4/30/25 at 11:41 AM with LPN #3, she confirmed that Resident #90's fingernails were approximately 3/4 inch long with a brown substance underneath, jagged edges and needed cleaning and clipping. The LPN stated that CNAs are responsible for cleaning underneath the fingernails but cannot cut them per facility policy. She noted that the CNAs should have performed this cleaning during the residents' bath. The LPN emphasized that nurses are required to trim nails. She further mentioned that Resident #90 tends to "dig," which makes it important for his nails to be kept clean and trimmed, as unkempt nails could lead to infection. During an interview on 5/5/25 at 10:24 AM with the Interim Director of Nursing (DON), she	M 610		

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M 610	Continued From page 4 confirmed that nail care should be performed during showers and as needed. Record review of "Demographics" revealed the facility admitted Resident #90 on 2/15/24 with primary diagnosis of Alzheimer's Dementia. Record review of Resident #90's MDS with an ARD of 2/5/25 revealed in Section C a BIMS score of 7, which indicated the resident had moderate cognitive impairment.	M 610		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to ensure food was stored and served under sanitary conditions, when staff failed to remove perishable food items, including milk, from the resident's room in a timely manner. This resulted in the potential for foodborne illness due to prolonged exposure of food to room temperature for one (1) of five (5) days of survey. (Resident #90) Findings include: Review of the facility policy titled, "Dietary Services" undated, revealed under, "Purpose: To prevent contamination of food products and	M 815	**Corrective actions accomplished for resident found to have been affected by the deficient practice: Resident #90's tray was removed promptly after the issue was identified on 4/29/25. **Identifications of other residents having the potential to be affected by the same deficient practice: All residents who are admitted and presently reside at this facility have the potential to be affected by the failure to remove food trays from his/her room timely. **Measures put into place or systemic	5/29/25

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M 815	Continued From page 5 therefore prevent foodborne illness." Additionally revealed under, "... VI. Proper Food Handling... P. Foods that have stood for several hours at room temperature cannot be considered safe and free from contamination..." An observation on 4/29/25 at 11:08 AM revealed Resident #90's breakfast tray was still in the room located on the bedside table. The tray contained leftover contents of breakfast including half a carton of milk. An interview on 4/30/25 at 11:42 AM with Licensed Practical Nurse (LPN) #3 revealed that the breakfast trays were delivered around 6:30 AM. She explained that Resident #90 usually did not eat his breakfast at that time but ate it later, so they left it for him. She confirmed that leaving the breakfast tray until lunchtime could cause the milk to spoil and could cause Resident #90 to have gastrointestinal upset and illness. Record review of Resident #90's "Demographics Record" revealed the facility admitted Resident #90 on 2/15/24 with a primary diagnosis of Alzheimer's Dementia. Record review of Resident #90's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/05/25 revealed under section C, a BIMS summary score of 7, which indicated the resident was moderately cognitively impaired.	M 815	changes to ensure the deficient practice will not recur: All nursing staff educated on timely tray pickup and protocols for residents who eat slowly or need assistance completed on 5/22/2025 by Staff Development Specialist. Certified Nursing Assistant care plans were revised to flag slow eaters or those requiring assistance on 5/8/25. Rounding sheet was updated to including tray pick up on 5/22/25. Dining preference list implemented and added to care plan on 5/8/25 by Care Plan Nurse. **Facility's plan to monitor its performance to make sure that solutions are sustained: Use rounding tool to track compliance and perform five spot checks for three times a week for four weeks and then weekly started on 5/22/25. Address noncompliance in huddles and staff education meetings starting on 5/20/25. Compliance trends will be reported in Quality Assurance Performance Improvement and addressed in department head meetings starting on 5/29/25 for six months.	

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M1570	Continued From page 6	M1570		
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 interview, and facility policy review the facility failed to put infection control measures in place to prevent the possible spread of infections for one (1) of 95 residents residing in the facility. Resident #81 Findings include: Record review of facility policy titled, "Contact	M1570	**Corrective actions accomplished for resident found to have been affected by the deficient practice: Contact isolation signage was immediately placed on Resident #81's door on 5/5/25. Infection Preventionist notified on 5/5/25. Resident care protocols were reviewed with assigned staff.	5/29/25

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M1570	Continued From page 7 Precautions" dated 2018, revealed, "It is the intent of this facility to use contact precautions for residents known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Contact Precautions shall be used in addition to Standard Precautions for residents with infections that can be easily transmitted by direct and indirect contact". Resident #81 An observation on 4/29/25 at 12:55 PM revealed an isolation cart outside of Resident #81's room. There was no signage to indicate the type of isolation or precautions to be used. During an interview on 4/30/25 at 8:45 AM, Registered Nurse #1 revealed that Resident #81 was in contact isolation for a wound infection with MRSA (Methicillin-resistant Staphylococcus aureus). She confirmed there was no contact isolation signage for this resident to inform staff or visitors of what precautions were required for this specific isolation. During an interview on 4/30/25 at 8:50 AM, the Interim Director of Nursing (DON) confirmed that signage was necessary to indicate what type of isolation and what precautions were required to decrease the spread of infection. She admitted that the facility failed to provide signage to inform staff and visitors of the precautions that were needed. She stated that isolation signage was required for residents in isolation so that visitors and staff were informed of what type of precautions needed to be used. Record review of Resident #81's " Physician's Orders" revealed an order for "contact isolation	M1570	**Identifications of other residents having the potential to be affected by the same deficient practice: All residents on any form of isolation precautions were reviewed to ensure signage posted per policy on 5/6/25 by Infection Preventionist. **Measures put into place or systemic changes to ensure the deficient practice will not recur: Nursing staff educated on the isolation policy and signage procedures. Completed on 5/22/25 by Staff Development Specialist. Nursing staff to round daily and confirm signage is present on 5/21/25. Add compliance to Quality Assurance Performance Improvement tracking and infection control audits. **Facilitys plan to monitor its performance to make sure that solutions are sustained: Rounding sheet updated to include isolation signage. Completed on 5/21/25. Audit results will be reviewed monthly in Quality Assurance Performance Improvement meeting starting on 5/29/25 for six months. Infection Preventionist will audit all isolation rooms Monday-Friday for two weeks, then weekly for three months starting on 5/21/25.	

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M1570	Continued From page 8 status ... starting on Monday 2/24/25 ... Organism : MRSA (Methicillin-resistant Staphylococcus aureus); Source: Wound". Record review of Resident #81's "Demographic Sheet" revealed the facility admitted the resident on 1/4/24. Record review of Resident #81's "Problem List" revealed the resident had a diagnosis of Alzheimer's Disease, Vascular Dementia, and Pressure Injury of Buttock. Record review of Resident #81's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/27/25 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 5 which indicated the resident had severe cognitive impairment.	M1570	Audit results will be reviewed monthly in Quality Assurance Performance Improvement meeting starting on 5/29/25 for six months. Any noncompliance will be immediately addressed with staff re-education and coaching.	