| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 255140 | A. BUILDING _____ B. WING _____ | 06/16/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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 |
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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual re-certification and complaint survey at the facility from 6-13-22 to 6-16-22. The complaintss were MS # 19056, MS # 18799, MS # 18800, MS # 18803 and MS # 18607.The SA was not able to substantiate any of the complaints. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA cited deficiencies F623 related to no written notice of transfer/discharge, F625 related to no written notice of bedhold for transfer/discharge, F656 related to no developed person centered care plan, F679 related to no activities that meets the needs of the resident's and F694 related to a peripherally inserted central line not being flushed according to the professional standards of practice. The facility was licensed for 107 beds and had a census of 94 at the time of the survey. | F 000 | | |
| F 623 SS=D | Notice Requirements Before Transfer/Discharge<br>CFR(s): 483.15(c)(3)-(6)(8)<br><br>§483.15(c)(3) Notice before transfer.<br>Before a facility transfers or discharges a resident, the facility must-<br>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.<br>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and<br>(iii) Include in the notice the items described in | F 623 | | 7/22/22 |

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

Electronically Signed | 07/01/2022

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| F 623 | Continued From page 1<br>paragraph (c)(5) of this section.<br><br>§483.15(c)(4) Timing of the notice.<br>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.<br>(ii) Notice must be made as soon as practicable before transfer or discharge when-<br>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;<br>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;<br>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;<br>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or<br>(E) A resident has not resided in the facility for 30 days.<br><br>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:<br>(i) The reason for transfer or discharge;<br>(ii) The effective date of transfer or discharge;<br>(iii) The location to which the resident is transferred or discharged;<br>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal | F 623 | | |

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| F 623 | Continued From page 2 | F 623 | | |

hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).

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| F 623 | Continued From page 3<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interviews, facility policy and record review the facility failed to notify a Resident Representative (RR) in writing of a hospital transfer for one (1) of three (3) residents reviewed for transfer/discharge. Resident # 74<br><br>Findings include:<br><br>Record review of the facility policy titled "Change of Condition and Physicians/Family Notification" with a revision date of March 25, 2021 revealed "Purpose: To ensure that resident's family and/or legal representative and physician are notified of resident changes that fall under the following categories ...Transfer of the resident from the facility ..." The facility policy did not address mailing a notice of transfer to the family.<br><br>Record review of Resident # 74's Progress Notes dated 2/28/22 at 13:25 (1:25 PM) revealed the nurse received a return call from(Formal Name of Physician's) office with a new order to send to ER (emergency room) for evaluation and treatment<br><br>Record review of Resident # 74's Progress Notes dated 3/28/22 at 16:31 (4:31 PM) revealed "Np notified. resident is currently in Er ..."<br><br>Record review of Resident # 74's Order Listing Report revealed an order dated 2/28/22 "Send to ER for eval (evaluation)/treat one time only for 1 (one) day" and an order dated 3/28/22 "Send to ER for eval/treat r/t (related to ) elevated BS ( blood sugar)/Temp (temperature).<br><br>On 6/15/22 at 10:50 AM, an interview with Social Services (SS) revealed she has only been in the | F 623 | F623¿<br><br>1. On¿6/16/22¿a letter was mailed to resident #74's Resident representative by¿Social Services¿regarding notification of transfer on 3/28/22.¿On 6/16/22 Social Services was in serviced by Administrator regarding policy of resident representative notification including transfer letter, emergency tracking and transfer log, and ombudsman notification requirements. On 07/05/22 Social Service was educated by Administrator to discuss daily any transfers or discharges with a copy of mailed letter to reflect resident representative notification was sent turned into administrator following each transfer.<br><br>2. Residents who are transferred from the facility are potentially affected by this deficient practice.¿.<br><br>3.¿ On¿6/20/22 Social Services conducted an audit of transfers from facility from 3/1/22 to current to ensure resident representatives transfer letter were mailed informing them of their respective resident's transfer, reason for transfer, where resident was transferred | |

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| F 623 | Continued From page 4<br>SS position for a few months, and she did not know she was supposed to be sending a mail notification to the family when a resident is transferred to the hospital. SS revealed she does keep a log of the transfers but did not notify Resident # 74's family when she was transferred to the hospital on 2/28/22 and 3/28/22.<br><br>On 06/15/22 at 11:15 AM, an interview with the Director of Nursing (DON) revealed she did not know that the facility is supposed to send a letter to the RR and notify them of a hospital transfer.<br><br>On 6/15/22 at 4:10 PM, an interview with the Administrator (ADM) revealed she was aware that the family should be notified by mail when a resident was transferred to the hospital but did not know the staff was not sending them.<br><br>Record review of the "Admission Record" revealed Resident #74 was admitted to the facility on 2/24/22 with diagnoses that included Cerebrovascular Disease, Acute Kidney Failure, Acute and Chronic Respiratory Failure, Type 2 Diabetes, and Dysphagia. | F 623 | and Ombudsman's contact information. On 6/20/22,¿Social Services was educated¿by Business Office Manager,¿on requirement of written notification related to transfer, reason for transfer, and ombudsman's contact information and will be responsible for mailing letter on next business day and logging mailing of letter on the transfer letter tracking log.¿Beginning on¿6/16/22 the Administrator¿provided an in-service to¿licensed nurses¿regarding requirement for written notification to be presented/mailed to resident or resident representative following a¿resident's¿transfer from the facility, in a language that is easily understood, regarding reason for transfer, where the resident was transferred to,¿and information on contacting the ombudsman.¿¿Beginning 07/06/22 Social Services to provide administrator a copy of mailed bed hold policy and letter reflect resident representative notification following all transfers or discharges from facility.<br><br>4. ¿ A Quality Assurance Performance Improvement meeting was held with the Medical Director and the Interdisciplinary team on 6/16/22 to discuss requirements on transfers to include transfer logs, transfer letters, and ombudsman | |

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| F 623 | Continued From page 5 | F 623 | notification.<br><br>Beginning on 6/22/22, the Business Office Manager will conduct an audit transfers and discharges weekly for four (4) weeks, then monthly for three (3) months to determine for each transfer that a letter was mailed and logged on transfer letter tracking log. The Business Office Manager will report the findings to the Quality Assurance Performance Improvement committee monthly starting on 07/07/2022 for three (3) months for further recommendations. The Administrator is responsible for monitoring and compliance.¿<br><br>¿ | |
| F 625 SS=D | Notice of Bed Hold Policy Before/Upon Trnsfr<br>CFR(s): 483.15(d)(1)(2)<br><br>§483.15(d) Notice of bed-hold policy and return-<br><br>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-<br>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;<br>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;<br>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a | F 625 | | 7/22/22 |

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| F 625 | Continued From page 6<br>resident to return; and<br>(iv) The information specified in paragraph (e)(1) of this section.<br><br>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, facility policy review and record review the facility failed to notify a Resident Representative in writing of the bed hold policy after transfer to a hospital for one (1) of three (3) resident's reviewed for transfer/ discharge. Resident # 74<br><br>Findings include:<br><br>Record review of the facility policy titled "Bed-Holds and Returns" with a revision date of March 2017 revealed "Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy ... Prior to a transfer, written information will be given to the residents and the resident representatives that explains in detail: ...b. the reserve bed payment policy indicated by the state plan (Medicaid residents), c. the facility per diem rate required to hold a bed (non-Medicaid residents), or to hold a bed beyond the state bed-hold period (Medicaid residents); and d. the details of the transfer (per the notice of transfer)..."<br><br>Record review of Resident # 74's Progress | F 625 | F625<br><br>1. On¿6/16/22¿a letter was mailed to resident #74's Resident representative by¿Social Services¿regarding notification of transfer on 3/28/22.¿On 6/16/22 Social Services was in serviced by Administrator regarding policy of resident representative notification regarding the bed hold policy during transfers. On 07/05/22 Social Service was educated by Administrator to discuss daily any transfers or discharges with a copy of mailed letter to reflect resident representative notification and bed hold policy reservation agreement was sent turned into administrator following each transfer.<br><br>2. ¿Residents who are transferred from the facility are potentially affected by this deficient practice.¿ | |

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| F 625 | Continued From page 7<br>Notes dated 2/28/22 at 13:25 (1:25 PM) revealed the nurse received a return call from(Formal Name of Physician's) office with a new order to send to ER (emergency room) for evaluation and treatment<br><br>Record review of Resident # 74's Progress Notes dated 3/28/22 at 16:31 (4:31 PM) revealed "Np notified. resident is currently in Er ..."<br><br>Record review of Resident # 74's Order Listing Report revealed an order dated 2/28/22 "Send to ER for eval (evaluation)/treat one time only for 1 (one) day" and an order dated 3/28/22 "Send to ER for eval/treat r/t (related to ) elevated BS ( blood sugar)/Temp (temperature).<br><br>On 6/15/22 at 10:50 AM an interview with Social Services (SS) revealed she has only been in the SS position for a few months, and she did not know she was supposed to be sending a mail notification to the family explaining bed hold when a resident is transferred to the hospital. SS revealed she does keep a log of all transfers but did not notify Resident # 74's family when she was transferred to the hospital on 2/28/22 and 3/28/22.<br><br>On 06/15/22 at 11:15 AM, an interview with the Director of Nursing (DON) revealed she did not know that the facility is supposed to send a letter to the RR and notify them of a hospital transfer and of the bed hold.<br><br>On 6/15/22 at 4:10 PM, an interview with the Administrator revealed she was aware that the facility should be sending notification to the families by mail when a resident was transferred to the hospital and include the bed hold | F 625 | 3. On¿6/20/22 Social Services conducted an audit of transfers from facility from 3/1/22 to current to ensure resident representatives bed hold policy were mailed informing them of their respective resident's transfer to include bed hold policy reservation agreement.<br><br>On 6/20/22,¿Social Services was educated¿by Business Office Manager,¿on requirement of written notification related to transfer, reason for transfer, and ombudsman’s contact information and will be responsible for mailing letter along with bed hold policy reservation agreement on next business day. Beginning on¿6/16/22 the Administrator¿provided an in-service to¿licensed nurses¿regarding requirement for written notification to be presented/mailed to resident or resident representative following a¿resident’s¿transfer from the facility including notification of bed hold policy reservation agreement.¿¿Beginning 06/27/22 Social Services to provide administrator a copy of mailed bed hold policy and letter reflect resident representative notification following all transfers or discharges from facility.<br><br>4. ¿A Quality Assurance Performance Improvement meeting was held with the | |

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| F 625 | Continued From page 8<br>information, but did not know the staff was not sending the notification. | F 625 | Medical Director and the Interdisciplinary team on 6/16/22 to discuss requirements on transfers to include resident representative notification of bed hold policy reservation agreement.<br><br>Beginning on 6/22/22, the Business Office Manager will conduct an audit weekly for four (4) weeks, then monthly for three (3) months to determine for each transfer that a bed hold policy reservation agreement was mailed. The Business Office Manager will report the findings to the Quality Assurance Performance Improvement committee monthly starting on 07/07/2022 for three (3) months for further recommendations. The Administrator is responsible for monitoring and compliance.¿<br><br>¿ | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§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 -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as | F 656 | | 7/22/22 |

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| F 656 | Continued From page 9<br>required under §483.24, §483.25 or §483.40; and<br>(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).<br>(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.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(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.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, record review and facility policy review the facility failed to develop a care plan for an ordered Anticoagulant (AC) and a Peripherally Inserted Central Catheter (PICC) line for two (2) of 25 resident's reviewed for care plans. Resident #18 and Resident #82.<br><br>Findings include: | F 656 | F656¿<br><br>1. Comprehensive care plan was developed and reviewed by the interdisciplinary team for Resident # 18 and #82 on¿6/15/22.¿The comprehensive care plan was revised by Minimum Data Set #1 (MDS) Nurse Coordinator to reflect the status for Resident #18 related to the use anticoagulant therapy with the potential for bleeding. ¿The | |

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| F 656 | Continued From page 10<br>Record review of the facility policy titled "Care Plans, Comprehensive Person-Centered" revised date on 12/2016 revealed "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...8. The comprehensive, person-centered care plan will: g. Incorporate identified problem areas; h. Incorporate risk factors associated with identified problems ..."<br><br>Record review of Resident # 18's Order Review History Report dated 6/16/22 revealed an order for "Eliquis Tablet 5 mg (milligrams) Give 1 (one) tablet by mouth two times a day related to Personal History of Pulmonary Embolism." The order date was 3/8/22.<br><br>Record review of Resident # 18 comprehensive care plans revealed there was no care plan developed or interventions related to anti-coagulant use.<br><br>On 06/15/22 at 01:24 PM, an interview with Registered Nurse (RN) #1 revealed she is the Minimum Data Set (MDS) Nurse and is responsible for care plans. She confirmed Resident #18 does have an order for Eliquis to be administered two (2) times a day. RN #1 confirmed Resident #18 does not have a care plan or interventions related to an anticoagulant and potential for bleeding. RN #1 revealed that it is important to care plan anticoagulants because the staff needs to monitor for bruising, blood in the stools and any other signs of bleeding.<br><br>On 6/16/22 at 10:00 AM, an interview with the Director of Nursing (DON) revealed that all | F 656 | comprehensive care plan was revised Minimum Data Set #1 (MDS) Nurse Coordinator to reflect the status for Resident #82 to reflect the clinical care requirements surrounding the Peripheral inserted central catheter (PICC). Beginning 07/06/22 Clinical morning meetings held with interdisciplinary clinical team to review and revise comprehensive care plans following all new admissions to discuss medication management and care requirements<br><br>2. All residents have the potential to be affected by this deficient practice.¿<br><br>3. On 6/15/22¿an audit was conducted by¿Minimum Data Set #1 (MDS) Nurse Coordinator for residents¿currently in the facility to determine if a comprehensive care plan was completed. All residents have comprehensive care plans in place. On¿6/16/22¿the interdisciplinary team members were educated by the facility Risk Management Nurse on the requirement of each resident having comprehensive care plan that is developed by the interdisciplinary team based on assessments of resident specific care needs. A Quality Assurance Performance Improvement meeting was held with the Medical Director and the Interdisciplinary team on 6/16/22 to | |

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| F 656 | Continued From page 11<br>nursing staff can develop a care plan, but the MDS nurses are usually the ones that develop the care plans. The DON revealed that a resident that is on an anti-coagulant should always have a care plan developed to monitor for bruising, bleeding, lab, and interventions to instruct staff to not use a toothbrush and to automatically send the resident to the emergency room after a fall and possible head injury. The purpose of a care plan is to make sure the nurses and certified nursing assistants know their resident's needs.<br><br>Record review of the "Admission Record" revealed Resident #18 was admitted to the facility on 9/17/18 with diagnoses that included Acute Respiratory Failure with Hypoxia, Personal History of Pulmonary Embolism, and Other Pulmonary Embolism without Acute cor Pulmonale.<br><br>Resident #82<br><br>On 06/14/22 at 03:13 PM, in an interview with Resident # 82 she stated she had an appointment with her infectious disease doctor earlier today. She stated she is looking at possibly receiving intravenous (IV) antibiotics if her urinalysis culture is abnormal, but it will take 72 hours to get the culture back. The State Agency (SA) observed her PICC line that was located in her right upper arm. She stated she will get the antibiotics through the PICC line if she does need Intravenous (IV) antibiotics.<br><br>On 06/15/22 at 11:20 AM, in an interview with Resident # 82, stated that when she went to the her appointment yesterday with the infectious disease Nurse Practitioner (NP), they tried to draw blood from her PICC line, but it was | F 656 | discuss comprehensive care plan requirements based on assessments of resident's specific needs. Beginning 07/01/2022 Director of Nursing to conduct Weekly audits following all Resident admissions to ensure comprehensive care plans are in place and specific to resident's needs.<br><br>4. A Quality Assurance Performance Improvement meeting was held with the Medical Director and the Interdisciplinary team on 6/16/22 to discuss comprehensive care plan requirements based on assessments of resident's specific needs. Beginning 07/1/2022, an audit will be conducted weekly for four (4) weeks, then monthly for three (3) months by the Director of Nursing/Assistant Director of Nursing/ Minimum Data Set #1 (MDS) Nurse Coordinator to review completion and accuracy of the comprehensive care plan for three (3) residents. A report will be submitted to the Quality Assurance Performance Improvement committee starting on 07/07/22 monthly for three (3) by the Director of Nursing for review and further recommendations. The Director of Nursing is responsible for monitoring and compliance.¿ | |

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clogged. The clinic was able to get the PICC line unclogged using heparin and she was glad that they did not have to use a stronger medication to get it unclogged or have to have it replaced. She stated the PICC line got clogged because when she came back from the hospital, the PICC line was not being flushed. She stated she was in the hospital about a week at the end of last month (May 2022).

Record review of the "(Proper Name of Contract Service) Documentation Form" with a "Service Date" of 5/13/22 confirmed a double lumen PICC line was inserted to Resident # 82's right arm.

On 06/15/22 at 3:13 PM, in an interview with the Director of Nursing (DON) and the Administrator, the DON stated that the resident had the PICC line placed at the facility on 5/13/22. The DON transcribed the physician orders and input the orders into the computer system. She did not initiate any flush orders for the PICC line at that time. After the PICC line was inserted, the facility received orders to send the resident to the hospital to have a computed tomography (CT) scan. Resident #82 returned from the hospital with a less than 24 hour stay and she was receiving IV medications through the PICC line until she had a change in condition and was sent to the hospital on 5/22/22. When Resident # 82 returned to the facility on 5/27/22, the DON said that she entered the readmission orders in to the computer system and she did not enter any flush orders for the PICC line.

Record review of the "Report of Consultation" from Consulting Doctor #1 dated 6/14/22 revealed, "Progress Notes/Orders (3) Flush PICC line daily with 10 cc (cubic centimeter) NS

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(Normal Saline) and 5 cc heparin (when not in use).

Record review of a Physician's Order for Resident #82 dated 6/15/22 revealed, "Flush PICC with __5__ cc 100 units/ml (milliliters) Heparin following NS (normal saline) flush after medication administration/blood draw or daily while not in use" and "Flush PICC with 10 cc/ml (cubic centimeters/ml) NS before and after medication administration per SASH (Saline Flush, Administer, Saline Flush, Heparin) protocol or daily while not in use."

Record review of the Comprehensive Care Plan revealed a "Focus" of "I have a picc line r/t (related to) antibiotic therapy" created on 6/15/22 by the MDS Coordinator. Interventions included "Flush PICC with __5__ cc 100 units/ml Heparin following NS flush after medication administration/blood draw or daily while not in use" and "Flush PICC with 10 cc/ml NS before and after medication administration per SASH protocol or daily while not in use."

On 06/15/22 at 4:10 PM, in an interview with the Minimum Data Set (MDS) Coordinator, she confirmed she initiated the PICC line care plan today (6/15/22) when she saw the physician order that was created on 6/15/22. She confirmed that prior to the care plan she created today, there was no care plan in place for a PICC line for Resident # 82 .

On 06/16/22 at 10:17 AM, in an interview with the DON, she stated it would be important to have a care plan in place for a PICC line with interventions related to infection control, dressing changes, patency/flushing, educating the resident

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| F 656 | Continued From page 14<br>and the Certified Nursing Assistants (CNA's) for turning and repositioning purposes. Anyone can put in care plans, but MDS Coordinator usually puts in care plans for new admits.<br><br>A record review of the "Admission Record" revealed Resident # 82 was originally admitted by the facility on 10/11/2017 and has a recent admission date of 5/5/2022. She has diagnoses including Metabolic Encephalopathy and Paraplegia, Unspecified.<br><br>A record review of the MDS with an Assessment Reference Date (ARD) of 6/3/22 revealed Resident # 82 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she is cognitively intact. | F 656 | | |
| F 679 SS=E | Activities Meet Interest/Needs Each Resident<br>CFR(s): 483.24(c)(1)<br><br>§483.24(c) Activities.<br>§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff and resident interviews and facility policy review and activity calendar review the facility failed to provide activities to meet the needs of the residents for four (4) of six (6) resident's in attendance at the resident council | F 679 | F679<br><br>On 6/15/22 Activity Director (AD) met with resident #13 and completed a new evaluation updating resident’s¿activity | 7/22/22 |

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| F 679 | Continued From page 15<br>meeting. Resident #5, #19, #36, #50<br><br>Findings include:<br><br>Review of the facility policy titled "Activities/Life Enrichment," dated 12/20 revealed " ...The Activities Director will publish and activity calendar each month which will include group activities designed to promote socialization among residents and staff ... Individual activities will be available to meet the needs of residents who choose not to or cannot participate in group activities..."<br><br>An interview was held on 06/15/22 at 3:00 PM, with the resident council. The Residents in attendance voiced concerns to the State Agency (SA) that there were no activities on the weekends to meet the needs of the residents and stated, "There is absolutely nothing to do around here on the weekends. Nobody is ever here to do anything." Residents stated that they just sit outside, watch television in their rooms or "Whatever we can find to do."<br><br>Record review of the activity schedule for the month of June 2022 that was posted on the wall in the common area revealed that every Saturday and Sunday for the month of June is "Puzzles, Coloring, and Conversing, Westerns on TV" for Saturday. "First Presbyterian Church Service on Channel 12, Galloway Methodist Church on Channel 8, Westerns on TV, Sunday Devotional Printout at the nurses' station" for Sunday. Further record review for the months of January through May 2022 revealed on Saturdays "Coffee and News on TV, Puzzles, Coloring and Conversing, Westerns on TV." Sundays "Church on TV and Westerns on TV." | F 679 | preferences. On 07/6/22 Resident #13 gaming preference updated on care plan by Activities Director. On 6/16/22 The Administrator educated the AD on the importance of¿complete¿evaluations,¿completing documentation and¿ensuring¿residents are invited to participate in planned activities. On 07/6/22 activity Director to introduce gaming system with weekly events surrounding residents' preference for millennials.<br><br>All current residents require individualized activities interest and needs to be met and have the potential to be affected by this deficient practice.<br><br>From 6/16/22 the AD and Minimum Data Set (MDS) nurse audited¿current residents'¿clinical records¿to ensure that¿activity¿evaluations¿were complete¿and care plans¿reflected¿the individual resident's¿activity¿program¿preferences. ¿ Beginning 7/5/2022 Morning interdisciplinary meetings held following new resident admissions to discuss residents' activity preferences including completion of evaluations and activities care plan meeting specific resident needs. Beginning on 6/16/22 the Staff Development Coordinator (SDC)¿began¿in-servicing¿staff¿in regard to¿inviting and aiding residents¿to | |

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| F 679 | Continued From page 16<br><br>An interview with the Activity Director (AD) on 06/15/22 at 3:50 PM stated, "Yeah weekends are tough to cover. I work Monday-Friday 8:30 AM to 5:00 PM. The AD stated " I've tried to get the Certified Nursing Assistants (CNAs) to assist the residents on weekends but that hasn't worked." The AD confirmed that there is nobody here on the weekends to conduct activities with the residents and if they want to hear the church services that they would have to get someone to turn the TV on in the dining room and stated, "But we do have a devotional handout that they can come to the nurses' desk and get."<br><br>Interview with the Administrator on 06/15/22 at 4:20 PM, stated, "We need to do more age appropriate activities and revamp our activity program for the residents." The Administrator confirmed that there is no activity staff here to coordinate activities for the residents on Saturday or Sundays.<br><br>Interview with the Director of Nursing (DON) on 06/16/22 at 9:45 AM, stated that she was not aware that the AD had tried to get CNAs to assist with activities on the weekends and she confirmed that the CNAs on staff are busy caring for the residents and have not been able to assist with any activities for Saturday and Sundays.<br><br>Record Review of Resident #5's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/7/22 revealed a Brief Interview of Mental Status (BIMS) score of 11 which indicates the resident's cognition is moderately impaired.<br><br>Record review of Resident #5's "ACT: Activity Evaluation-V1" dated 12/14/21 revealed " ...B. | F 679 | the daily activities offered.¿Activities preference will be discussed to ensure interest and needs are being met in the 72-hour care plan meetings by Activity Director beginning on 07/05/22. Beginning on 06/30/22 the resident council will discuss activities interest with the Administrator to ensure interest and needs are being met and for further recommendations and follow-up.<br><br>A Quality Assurance Performance Improvement meeting was held with the Medical Director and the Interdisciplinary team on 6/16/22 to discuss resident specific activities including care plan with collaboration with Social Services on attendance. Beginning 07/09/2022 weekend activities staff assignments completed by Administrator to ensure residents participate in weekend activities are being met. Beginning 07/9/2022 Weekend activity staff to turn in participation log to administrator for verification of attendance. Beginning 07/11/22 Social Services will conduct an audit of resident satisfaction surrounding activities being offered weekly for four (4) weeks, then monthly for three (3) months. Social Services will report the findings to the Quality Assurance Performance Improvement committee monthly starting on 07/07/2022 for three (3) months for further recommendations. The Administrator is responsible for monitoring and compliance. | |

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| F 679 | Continued From page 17<br>Preference Interviews: Interview for Activity Preferences ...2e. How important is it to you do things with groups of people 1) Very important ..."<br><br>Record Review of Resident #19's MDS with an ARD of 3/30/22 revealed a BIMS score of 11 which indicates the resident's cognition is moderately impaired.<br><br>Record review of Resident #19's "ACT: Activity Evaluation-V1" dated 3/28/22 revealed " ...B. Preference Interviews: Interview for Activity Preferences ...2e. How important is it to you do things with groups of people? 1) Very important ..."<br><br>Record Review of Resident #36's MDS with an ARD of 4/8/22 revealed a BIMS score of 15 which indicates the resident is cognitively intact.<br><br>Record review of Resident #36's "ACT: Activity Evaluation-V1" dated 10/15/21 revealed " ...B. Preference Interviews: Interview for Activity Preferences ...2e. How important is it to you do things with groups of people 1) Very important ..."<br><br>Record Review of Resident #50's MDS with an ARD of 4/25/22 revealed a BIMS score of 15 which indicates the resident is cognitively intact.<br><br>Record review of Resident #50's "ACT: Activity Evaluation-V1"dated 11/3/21 revealed " ...B. Preference Interviews: Interview for Activity Preferences ...2e. How important is it to you do things with groups of people? 2) Somewhat important ..." | F 679 | | |
| F 694 SS=D | Parenteral/IV Fluids<br>CFR(s): 483.25(h) | F 694 | | 7/22/22 |

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| F 694 | Continued From page 18<br><br>§ 483.25(h) Parenteral Fluids.<br>Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, record review and facility policy review the facility failed to administer Peripherally Inserted Central Catheter (PICC) flushes in accordance with professional standards of practice for one (1) of two (2) resident's reviewed for PICC line care. Resident #82<br><br>Findings Include:<br><br>Review of the facility's policy, "Chartwell Flushing Guidelines" (undated) revealed, "Adults...Type of Device...Central line: RN (Registered Nurse) Bedside PICC (Peripherally Inserted Central Catheter)...Flush Solution and Volume...Heparinized Saline (Heparin) 100 units/ml (milliliter) (5 ml)...Frequency and Documentation...Daily OR after each use..."<br><br>On 06/14/22 at 03:13 PM, in an interview with Resident # 82, she stated she had an appointment with her infectious disease doctor earlier today and she believed she may require intravenous (IV) antibiotics based on the outcome of labs that were obtained at the appointment. The State Agency (SA) observed a double lumen PICC line to her right upper arm.<br><br>On 06/15/22 at 11:20 AM, in an interview with Resident # 82, she stated that when she went to | F 694 | F694<br><br>1. On 6/15/22 Resident #82 physician orders were obtained and followed by Director of Nursing regarding Peripheral Inserted Central Catheter (PICC) line care to include flushing standards. On 6/15/22 Resident #82 was evaluated and assessed by the Director of Nursing for any adverse reactions related to deficient practice. no concerns identified.¿On 06/15/22 Consulting Nurse Practitioner #1 was interviewed by the State Department of Health representative for any adverse reactions related to deficient practice. No adverse reactions were identified. On 6/20/22 Facility Nurse Practitioner #2 assessed Resident #82 for any adverse reactions due to PICC line care with no concerns identified. Director of Nursing received education¿on¿6/15/22 by¿Corporate Clinical¿Specialist regarding PICC line policies and procedures to include entering, receiving, and reporting of Intravenous orders. | |

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| F 694 | Continued From page 19<br>the her appointment yesterday, the practitioner had difficulty drawing blood from the PICC line. The PICC line was placed sometime last month before she went to the hospital. She remarked that the PICC line had not been flushed by the facility staff since she received antibiotics last month (May 2022).<br><br>A record review of the "Admission Record" revealed Resident # 82 was originally admitted by the facility on 10/11/2017. She had a recent admission date of 5/5/2022, with diagnoses including Metabolic Encephalopathy and Paraplegia.<br><br>A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/3/22 revealed Resident #82 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she is cognitively intact.<br><br>A record review of the "Report of Consultation" for Resident #82 dated 5/13/22 from Consulting Nurse Practitioner (NP) #1 revealed, "Progress Notes/Orders...(3) Schedule for PICC line placement..."<br><br>A record review of Physician Orders for Resident #82 revealed a physician's order dated 5/13/22 to "Insert PICC line to receive IV antibiotics, one time only...", and "Change PICC line dressing Q (Every) 7 day(s)..."<br><br>Record review of the "(Proper Name of Contract Service) Documentation Form" with a "Service Date" of 5/13/22, confirmed a double lumen PICC line was inserted to Resident #82's right arm.<br><br>Record review of a Physician's Order dated | F 694 | 2. On 6/15/22 all current residents were audited by the Director of Nursing to ensure any Residents receiving IV therapy have PICC line protocols followed and being met. No concerns were identified. There are¿two (2)¿residents who had physician orders for PICC and are¿at risk related to this deficient practice.¿<br><br>3. On 6/16/22 facility Licensed Nurses were in-service¿by Director of Nursing regarding transcribing and following physician orders on PICC line requirements and notification of Registered Nurse as needed with required flushes. A Quality Assurance Performance Improvement meeting was held with the Medical Director and the Interdisciplinary team on 6/16/22 to discuss requirements for PICC care and flushes. ¿ Clinical standards meetings are held on 6/29/22 with interdisciplinary clinical teams to review accuracy of physician orders.<br><br>4. Beginning on 6/27/22, the¿Director of Nursing/Medical Records will conduct an audit of all residents with physician orders for Intravenous (IV) therapy to ensure accuracy of orders to include dressing changes and flushes weekly for four (4) weeks, then monthly for three (3) months. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 255140 | A. BUILDING _____ B. WING _____ | 06/16/2022 |

| 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 694 | Continued From page 20<br>5/13/22 for Resident #82 revealed, "Transfer to ER (Emergency Room) for abnormal ct (Computed Tomography Scan) abd (Abdomen)/pelvis..."<br><br>Record review of a Nurse's Note for Resident #82 dated 5/14/22 at 1:19 AM revealed, "Resident returned... from hospital at appox. (approximately) 11:25 PM (5/13/22)...PICC line noted to R (Right), upper arm..."<br><br>Record review of a Nurse's Note for Resident #82 dated 5/22/22 revealed, "...called 911 and on call nurse to send resident to hospital..."<br><br>Record review of a "History and Physical Report" for Resident #82 from the local acute hospital dated 5/22/22 revealed, "History of Present Illness:...A PICC was placed and she was started on Ivanz at the nursing home where she resides..."<br><br>Record review of the "Admission Summary" Nurse's Note for Resident #82 dated 5/27/22 revealed, "Resident returned from (Proper Name of Acute Care Hospital) and readmitted...Double lumen PICC line in RUA (Right Upper Arm).<br><br>Record review of a Physician's Order for Resident #82 dated 5/27/22 revealed, "Admit/re-admit to the (Proper Name of Long Term Care Facility)...."<br><br>Record review of the "Report of Consultation" for Resident #82 from Consulting NP #1 dated 6/14/22 revealed, "Progress Notes/Orders (3) Flush PICC line daily with 10 cc (cubic centimeter) NS (Normal Saline) and 5 cc heparin (when not in use)..." | F 694 | The Director of Nursing¿will report findings to the Quality Assurance Performance Improvement committee monthly beginning on 7/27/22 for three (3) months for review and further recommendations. The Director of Nursing is responsible for monitoring and compliance.¿ | |

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| F 694 | Continued From page 21 | F 694 | | |

Record review of a Physician's Order for Resident #82 dated 6/15/22 revealed, "Flush PICC with __5__ cc 100 units/ml Heparin following NS flush after medication administration/blood draw or daily while not in use" and "Flush PICC with 10 cc/ml NS before and after medication administration... or daily while not in use." This order, dated 6/15/22, was entered 32 days after the PICC line was inserted. Review of Physician Orders for May and June 2022 revealed no other orders related to flushing Resident #82's PICC line.

Record review of Resident #82's Medication Administration Record (MAR) for May 2022 lacked any documentation related to flushing the PICC line after it was inserted on 5/13/22.

Record review of Resident #82's MAR for June 2022 revealed documentation related to flushing the PICC line did not occur until 6/15/22, which was 32 days after the PICC line was inserted.

On 06/15/22 at 3:13 PM, in an interview with the Director of Nursing (DON) and the Administrator, the DON stated that the resident had the PICC line placed at the facility on 5/13/22. The DON transcribed the physician orders and input the orders into the computer system. She did not initiate any flush orders for the PICC line at that time. After the PICC line was inserted, the facility received orders to send the resident to the hospital to have a CT scan. Resident #82 returned from the hospital with a less than 24 hour hospital stay. She was receiving IV medications through the PICC line until she had a change in condition and was sent to the hospital on 5/22/22. When Resident # 82 returned to the facility on 5/27/22, the DON said that she entered

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| F 694 | Continued From page 22<br>the readmission orders into the computer system and she did not enter any flush orders for the PICC line. She stated it was a communication error because another nurse completed the physical assessment and entered the physician orders. Because there were no IV medications or orders listed in the hospital return documentation, it did not trigger her to add the PICC line orders at that time. The DON agreed that the resident could have had a negative outcome related to the PICC line not being flushed. The DON also called Consulting NP #1's cell phone to allow SA to interview her. She stated that as far as she knew there was not a problem with the PICC line not flushing at the visit yesterday (6/14/22). | F 694 | | |