

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Care Center of Hattiesburg		STREET ADDRESS, CITY, STATE, ZIP CODE  10 Medical Boulevard Hattiesburg, MS 39401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interview, and facility policy review, the facility failed to accurately complete a Minimum Data Set (MDS) Discharge assessment for one (1) of nineteen (19) assessments reviewed. Resident #93.</p> <p>Findings Include:</p> <p>A review of the facility's policy titled Conducting an Accurate Resident Assessment, revised in February 2023 and October 2023, revealed: Policy: The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas.</p> <p>A record review of the admission Record revealed that the facility admitted Resident #93 on 09/19/24 with diagnoses including Chronic Kidney Disease.</p> <p>A record review of the Order Summary Report revealed Resident #93 had a Physician's Order dated 10/4/24 to discharge to home on [DATE].</p> <p>A record review of the Discharge (MDS with an Assessment Reference Date (ARD) of 10/06/24 indicated Resident #93 was discharged to a Short-Term General Hospital.</p> <p>During an interview on 10/22/24 at 11:00 AM, the Director of Nursing (DON) explained that Resident #93 was only at the facility for therapy, and although the discharge was planned, it was sudden due to the resident's insurance status and personal choice. She confirmed that Resident #93 was discharged to his home with his wife.</p> <p>At 1:15 PM on 10/23/24, during an interview with Licensed Practical Nurse (LPN) #1, she confirmed that she completes Section A of the MDS. She initially believed that she coded Resident #93's discharge correctly as discharged home but, after reviewing the Discharge MDS, she confirmed it was coded as though the resident discharged to short-term general hospital, which was not accurate.</p> <p>During an interview on 10/24/24 at 09:50 AM, the DON acknowledged awareness of the inaccurate discharge status for Resident #93 and recognized it as a coding error. She stated that she signs off on assessments for accuracy and completion, explaining that she expects all MDS staff, as well as herself, to complete assessments accurately and correctly. The DON confirmed that the discharge status for Resident #93 was completed in error and emphasized her expectation of accuracy in all assessments conducted by the facility staff.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to implement care plan interventions for one (1) of nineteen (19) sampled residents. Resident #6.</p> <p>Findings Include:</p> <p>A review of the facility policy titled Comprehensive Care Plans, revised 8/24/22 revealed, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet the resident's medical, nursing, and mental and psychosocial needs as identified in the resident's comprehensive assessment .</p> <p>A record review of the comprehensive care plan for Resident #6 revealed a Problem of The resident is dependent on staff for meeting emotional, intellectual, physical, and social needs with Interventions including Provide the resident with materials for individual activities as desired. The resident likes the following independent activities: Spanish word search puzzles .add content of interest i.e. Spanish speaking programs .</p> <p>A record review of the admission Record revealed the facility admitted Resident #6 on 03/04/21 with diagnoses including Parkinson's Disease.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/20/24 revealed Resident #6's preferred language was Spanish, and she had a Brief Interview for Mental Status (BIMS) score of four (4), which indicated her cognition was severely impaired.</p> <p>On 10/21/24 at 11:01 AM, during an observation, Resident #6 was lying in bed, awake, with the television on an English-language channel. Upon asking Resident #6 if she would prefer the television to be on a Spanish-speaking channel, she nodded affirmatively.</p> <p>On 10/21/24 at 1:16 PM, in an interview, the Activities Assistant explained that the primary in-room activity she engaged in with Resident #6 involved brief visits to chat about family topics, including children and grandchildren. The Activities Assistant noted that the resident preferred staying in her room and did not participate in group activities. She added that Resident #6 enjoyed music, Spanish puzzles, coloring sheets, and watching television; however, she admitted that the television was set to English channels and that no attempts had been made to explore Spanish-language options. She acknowledged that no in-room activities were currently available that catered to Resident #6's cultural preferences.</p> <p>On 10/22/24 at 11:25 AM, during an observation and interview, the Activities Director confirmed that the facility had no culturally specific activities for Resident #6, who is Spanish speaking. While in Resident #6's room, she confirmed the presence of a CD player but observed no CDs or materials for the resident to play. The Activities Director stated she knew it was important for the resident to have activities that she specifically enjoyed because this was her home, and it was a part of making her feel loved and considered.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/23/24 at 8:13 AM, in an interview, the Administrator stated that she was not aware the activities department was not following the care plan regarding activities for Resident #6. She emphasized the importance of quality and continuity of care for all residents, noting that this is the resident's home, and the facility should cater to Resident #6's preferred activities and cultural preferences to ensure her satisfaction.</p> <p>During an interview on 10/23/24 at 8:45 AM, the Minimum Data Set (MDS) Coordinator explained that the purpose of each care plan is to guide facility staff in providing individualized care to each resident. She stated that not following the care plan for Resident #6's preferred activities was an issue, reinforcing the need for all staff to adhere to the resident's care plan.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, record review, and facility policy review, the facility failed to implement individualized and culturally relevant activities to meet the interests and preferences of one (1) of two (2) Spanish-speaking residents reviewed for activities. Resident #6.</p> <p>Findings Include:</p> <p>A review of the facility's policy, Activities, dated 10/1/22, revealed, Policy: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on the comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designed to meet the interests of each resident .Policy Interpretation and Implementation .2. Activities will be designed with the intent to .g. Reflect cultural and religious interests of the residents .4. Activities may be conducted in different ways .b. Person Appropriate - activities relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for .</p> <p>During an observation on 10/21/24 at 11:01 AM, Resident #6 was observed lying in bed, awake, with the television on an English-language channel. Upon asking Resident #6 if she would prefer the television to be on a Spanish-speaking channel, she nodded affirmatively.</p> <p>During an interview on 10/21/24 at 1:16 PM, the Activities Assistant explained that the primary in-room activity she engaged in with Resident #6 involved brief visits to chat about family topics, including children and grandchildren. The Activities Assistant noted that the resident preferred staying in her room and did not participate in group activities. She added that Resident #6 enjoyed music, Spanish puzzles, coloring sheets, and watching television; however, she admitted that the television was set to English channels and that no attempts had been made to explore Spanish-language options. She acknowledged that no in-room activities were currently available that catered to Resident #6's cultural preferences.</p> <p>During an observation and interview on 10/22/24 at 11:25 AM, the Activities Director confirmed that the facility had no culturally specific activities for Resident #6, who is Spanish speaking. While in Resident #6's room, she confirmed the presence of a compact disc (CD) player but observed no CDs or materials for the resident to play. The Activities Director stated she knew it was important for the resident to have activities that she specifically enjoyed because this was her home, and it was a part of making her feel loved and considered.</p> <p>During an interview on 10/23/24 at 8:13 AM, the Administrator stated that she was unaware that the activities department was not providing culturally relevant activities. She emphasized the importance of providing quality and consistent care for all residents, acknowledging that Resident #6's cultural preferences should be respected as part of honoring her home environment.</p> <p>During an interview on 10/24/24 at 9:55 AM, Resident #6's granddaughter, acting as her Resident Representative (RR), shared that in her four years of visiting the facility, she had not observed any activities provided that aligned with her grandmother's cultural background. She expressed that her grandmother would benefit from having television programs or audio content in Spanish, as she believed this would enhance her enjoyment and connection to her heritage.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Visual/Bedside [NAME] Report as of 10/22/24 revealed .Resident Care .Activities . Proved the resident with materials for individual activities as desired. The resident likes the following independent activities: Spanish word search puzzles .</p> <p>A record review of the admission Record revealed the facility admitted Resident #6 on 03/04/21 with diagnoses including Parkinson's Disease.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/20/24 revealed Resident #6's preferred language was Spanish and she had a Brief Interview for Mental Status score of 4 which indicated her cognition was severely impaired.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to accurately document a resident's weight in the medical record for one (1) of 19 sampled residents. Resident #49</p> <p>Findings include:</p> <p>A review of the facility's policy, Weighing and Measuring the Resident, dated 8/2/22, revealed, .The purpose of this procedure are to determine the resident's weight .to provide .an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident .Documentation .The following information should be recorded in the resident's medical record .2. The .weight of the resident . Reporting 1. Report significant weight loss/weight gain to the nurse supervisor .</p> <p>A record review of the admission Record revealed the facility admitted Resident #49 on 5/29/2023 with diagnoses including End Stage Renal Disease.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/30/2024 revealed Resident #49 had a weight loss of 5% or more in the last month or loss of 10% or more in last six (6) months.</p> <p>A record review of the Weights and Vitals Summary revealed Resident #49 had a Warning on 5/17/24 of a significant weight increase in which his weight was recorded as 211.4 pounds. On 5/20/24, there was a Warning that Resident #49 had a significant weight loss in which his weight was recorded as 186.5 pounds.</p> <p>On 10/22/2024 at 3:29 PM, in an interview with the Director of Nursing (DON), she explained she was unaware that Resident #49 had triggered a warning for weight loss as it had not been on the weekly weight reports. The DON expressed she believed the weight entered for Resident #49 on 5/17/24 was entered in error and that the resident's weights have been between 175-192 pounds since his admission by the facility.</p> <p>In an interview on 10/23/24 at 2:20 PM, with the Dietary Manger, she explained she was responsible for entering the information to complete Section K of the Minimum Data Set (MDS). She stated that she entered the residents' weights that are given to her from the weight team. She said that she if she saw a weight that looked inaccurate, she would question the weight team. The Dietary Manager expressed that having accurate resident weight information was important because the one inaccuracy can have a negative effect on other parts of the MDS.</p> <p>On 10/23/24 at 3:10 PM, in an interview with Registered Nurse (RN) #1, she explained there were several factors that could contribute to a change in a resident's weight. She further explained that any major weight gains or losses would be triggered by the computer system and the resident would be re-weighed to ensure accuracy. RN #1 reviewed the weights entered into the medical record for Resident #49 and expressed that the weights were not accurate, and she was unsure as to why the resident was not re-weighed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and facility policy review, the facility failed to store reusable medical equipment in a manner to prevent the possible spread of infection as evidenced by mechanical lift batteries stored in the biohazard room on the rehabilitation hall for one (1) of two (2) biohazard storage rooms reviewed.</p> <p>Findings include:</p> <p>A review of the facility's policy, Infection Prevention and Control Program, revised 6/15/23, revealed, Policy: This facility has established and maintained an infection prevention and control program to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .Policy Explanation and Compliance Guidelines .10. Equipment Protocol .a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with current procedures .</p> <p>During an observation on 10/24/24 at 10:11 AM, of the biohazard room located on the Rehabilitation Hall, there was two (2) mechanical lift batteries on charging stations and two (2) batteries stored in the room.</p> <p>On 10/24/24 at 11:00 AM, in an interview and observation with Certified Nurse Aide (CNA) #1, the mechanical lift battery charging station and batteries were in the biohazard room on the Rehabilitation Hall. CNA #1 explained that the biohazard room was considered a dirty area and where she would place batteries that needed to be charged and would get the charged batteries as needed. There were no cleaning supplies available in area for sanitizing the batteries before using them on the mechanical lifts.</p> <p>On 10/24/24 at 11:08 AM, in an interview and observation with the Director of Nursing (DON), Registered Nurse (RN) #2, and RN #3 (Infection Control Team) they confirmed the mechanical lift charging stations and batteries were stored in the biohazard room on the Rehabilitation Hall and that any items retrieved from the contaminated room should be cleaned before re-using. The infection control team also confirmed there were no cleaning supplies in the area for the staff to clean the batteries before using.</p> <p>On 10/24/24 at 11:14 AM, in an interview with the Administrator, she stated she expected the facility staff to not store clean items in an area that is considered contaminated.</p>		