STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255289	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Chase Village	5090 Gautier Vancleave Road Gautier, MS 39553

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview, record review, and facility policy review, the facility failed to revise a comprehensive care plan for Diabetes Mellitus to include interventions related to a continuous glucose monitoring (CGM) device for one (1) of (20) care plans reviewed. Resident #49. Findings included: A review of the facility's policy titled Comprehensive Care Plans, revised on 02/05/2025, revealed, . An individual comprehensive care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident . Policy Interpretation .5. The assessment of the resident is ongoing, and care plans are revised as information about the resident and the resident's condition change. A record review of Resident #49's Comprehensive Care Plan revealed an individualized care plan titled Resident has Diabetes Mellitus, initiated on 02/08/2024 with a target date of 02/06/2025. The care plan did not include blood glucose monitoring or the use of a CGM device. During an observation and interview on 02/03/2025 at 11:55 AM, Resident #49 was observed wearing a CGM device on her right upper arm. The resident stated she received the device in March 2024 due to difficulty bending her fingers and experiencing soreness from frequent finger sticks. She reported that her physician approved the device, and she used it to check her blood glucose levels and notify nurses of the results and how much insulin she needed. During an interview on 02/06/2025 at 1:00 PM, Licensed Practical Nurse (LPN) #3 explained that the facility used working care plans that were updated as needed. She stated she was unaware that Resident #49 had a CGM device but explained that the device should have been added to the care plan upon receipt. She stated that the resident's care plan for Diabetes Mellitus should have been revised to reflect the use of the CGM device. LPN #3 explained that the purpose of a care plan was to provide guidance to staff regarding a resident's care and that it should be updated as care needs changed. During an interview on 02/06/2025 at 2:00 PM, with the Administrator and the Director of Nursing (DON) and Administrator stated they expected all staff to follow standard practices regarding resident care. The DON explained that she expected staff to report any changes in a resident's care to her and the interdisciplinary team. She further stated that care plans should be revised any time a change occurs in a resident's condition or care needs. The Administrator stated that the facility did not have a policy specifically addressing the use of CGM devices. (continued on next page)

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

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #49's admission Record revealed the facility admitted the resident on 02/01/2024 with current diagnoses including Type 2 Diabetes Mellitus Without Complications. A record review of Resident #49's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/30/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, record review, and facility policy review, the facility failed to follow professional standards for blood glucose monitoring by not ensuring standardized documentation, physician orders for accu-check monitoring, staff training on continuous glucose monitoring (CGM) use and maintenance, and clear protocols on when to use the CGM versus a traditional glucometer for one (1) of twenty (20) sampled residents, Resident #49. Findings included: A record review of a typed statement on facility letterhead provided and signed by the Administrator, dated February 6, 2025, revealed (Proper name of facility) does not have the following policies .Free Style Libre (a type of CGM) A review of the facility's policy titled Resident Directed Medication Administration Policy, revised 08/2023, revealed, . Standard: To assure that prescribed medications are administered safely, accurately, and in accordance with good nursing practice while accommodating the resident's routines and request in medication administration . A review of the facility's policy titled Blood Glucose Monitoring, revised 12/04/2024, revealed, . Policy Explanation and Compliance Guidelines .2. The nurse will perform the blood glucose test utilizing the facility's glucometer as per manufacturer's instructions . On 02/03/2025 at 11:32 AM, during an observation and interview, Resident #49 was observed coming out of her room and telling Licensed Practical Nurse (LPN) #1 that she needed two (2) units of insulin before lunch. LPN #1 stated that the resident frequently advises her insulin dosage, but staff were required to verify her blood glucose levels before administering insulin. On 02/03/2025 at 11:55 AM, during an observation and interview, Resident #49 was observed with a CGM device on her right upper arm. The resident stated she had been using the CGM device since March 2024 because her fingers were too sore from frequent finger sticks, and her physician approved the device. She stated that she checked her blood glucose levels using the CGM and reported the readings to the nurses. On 02/04/2025 at 11:30 AM, during an interview, Resident #49 explained that she regularly visited her endocrinologist and had used the CGM daily. She stated that she changed the CGM device every two (2) weeks with assistance from a night-shift nurse, as she was unable to do it herself. She also stated that she had a booklet explaining how the device worked and how to change it. On 02/04/2025 at 1:50 PM, during an interview, the Director of Nursing (DON) stated that she was unaware that Resident #49 used a CGM device for blood glucose monitoring. She reported that facility nurses still used traditional glucometers. When informed that nurses were using the CGM readings unless the device indicated Hi or Low, the DON stated that she was unaware of how the resident obtained the CGM device, as the facility did not supply it. She also stated that she did not know nurses were assisting the resident in changing the device. The DON stated she would investigate further. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/04/2025 at 2:30 PM, during an interview, LPN #1 reported that Registered Nurse (RN) #1 had assisted Resident #49 in changing the CGM device earlier that day. LPN #1 stated she had worked at the facility for seven (7) months, and Resident #49 had always had the CGM device. She stated she was never told not to use the CGM readings and that other nurses also used the device for blood glucose readings. She reported that she had never been trained on how to use or change the CGM device. On 02/04/2025 at 2:50 PM, during an interview, RN #1 confirmed she had helped Resident #49 change her CGM device. RN #1 stated she had never received formal training on the device from the facility. She confirmed that there were no physician orders for the CGM or for blood glucose monitoring using the device. On 02/06/2025 at 1:00 PM, during an interview, LPN #2 reported she had worked at the facility for six (6) months and that Resident #49 had always had the CGM device. She stated that she had always used the device for blood glucose readings and that a facility glucometer was only used if the CGM device displayed Hi or Low. She confirmed that she had never been formally trained on the use of the CGM device by the facility. On 02/06/2025 at 1:15 PM, during an interview, the Nurse Practitioner (NP) stated she was unaware that Resident #49 had been using a CGM device. She stated that the facility had discussed using the device last year but that she had advised that policies and procedures needed to be in place before implementing CGM use. She stated she never received any follow-up from the facility regarding the issue and assumed staff were using facility glucometers for blood glucose monitoring. On 02/06/2025 at 2:00 PM, during an interview, the DON and Administrator stated they expected all staff to follow professional standards of care regarding resident management. The DON stated she expected staff to report all changes in a resident's care to her and the interdisciplinary team. The Administrator stated that the facility did not have a policy regarding the use of CGM devices. A record review of Resident #49's admission Record revealed the facility admitted the resident on 02/01/2024 with current diagnoses including Type 2 Diabetes Mellitus Without Complications. A record review of Resident #49's Order Summary Report, with active orders as of 02/03/2025, revealed a Physician's Order, dated 6/25/2024 for sliding scale insulin,. The order did not indicate how blood glucose result should be obtained, such as through accucheck or CGM. A record review of Resident #49's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/30/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Section N of the MDS indicated that the resident had received insulin injections during the seven (7) day look-back period. A record review of the Medication Administration Records (MARs) for January and February 2025 revealed Resident #49's blood sugar results were documented but did not indicate how the results were obtained.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, record review, and ServSafe Coursebook review, the facility failed to label and date food stored in the refrigerator and freezer and failed to dispose of spoiled foods for one (1) of four (4) days of kitchen observations. Findings included: A review of the ServSafe Coursebook, 8th Edition, 2022, revealed, .Labeling Food for Use On-Site: Any item not stored in its original container must be labeled . The label must include the common name of the food . On 02/03/2025 at 10:17 AM, during an observation of the kitchen and interview with the Dietary Manager (DM), the following observations were made in Refrigerator #1: a clear plastic bag containing three (3) cucumbers, one (1) of which had a black colored biological growth resembling mold and two (2) showing breakdown and a bag of discolored brown shredded lettuce. In the freezer, an opened bag of chicken tenders and an opened bag of pepperoni were observed without labels or opened dates. In the dry goods area, an opened bag of Oreo pieces in a clear ziplock bag was observed undated, along with a one-gallon ziplock bag of graham cracker crumbs that was not dated or labeled, and an opened bag of vanilla wafers in a ziplock bag that was also not dated or labeled. The DM confirmed these observations and stated his expectations for staff were to follow guidelines and properly store food for residents. He further stated that the facility received a produce truck delivery every Thursday. On 02/04/2025 at 11:04 AM, during an interview, the Registered Dietitian (RD) stated that staff were expected to follow guidelines for food preparation and storage. She stated that she supported the DM and confirmed that kitchen staff followed ServSafe standards and policies regarding dating, labeling, and food storage. The RD confirmed that she was aware of the findings observed during kitchen observation. A review of the facility's staff in-service training titled Dating and Labeling, Food Storage, completed on 09/23/2024, revealed the staff received training regarding ServSafe standards related to food dating and labeling.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately report to the Centers for Medicare and Medicaid Services (CMS) the direct care hours based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS for the fourth quarter of fiscal year 2024 ([DATE] - [DATE]) for one (1) of (1) quarters reviewed. Findings included: A record review of a typed statement on facility letterhead provided and signed by the Administrator, dated February 6, 2025, revealed (Proper name of facility) does not have the following policies: Staffing . A record review of the facility's Payroll Based Journal (PBJ) Staffing Data Report for the fourth quarter of fiscal year 2024 ([DATE]-[DATE]) revealed, . Excessively Low Weekend Staffing .Triggered . Submitted Weekend Staffing data is excessively low . On [DATE] at 8:25 AM, during an interview, the Director of Nursing (DON) stated that she was unaware the facility had triggered low weekend staffing in the fourth quarter. She reported that she was responsible for nursing staff scheduling, while the Admissions department handled scheduling for Certified Nurse Aides (CNAs). The DON explained that the Administrator was responsible for ensuring staffing was accurate before the corporate office submitted the data to CMS. She further reported that the Administrator that was at the facility during the time period of the fourth quarter was no longer employed at the facility. On [DATE] at 1:50 PM, during an interview, the Administrator stated that the corporate office first calculated direct care hours before sending the data to the facility for verification. He explained that the Administrator was responsible for reviewing and verifying the staffing data before sending it back to corporate for submission. He reported that he was unsure who at the facility would have received notification indicating the facility had excessively low weekend staffing data. The Administrator confirmed that the facility had used a significant number of agency staff during that period. On [DATE] at 1:40 PM, during an interview, the Admissions Coordinator confirmed that she was responsible for scheduling CNAs. She explained that during the fourth quarter, the facility used only one staffing agency, but agency CNAs were used frequently and daily. She reported that at that time, the staffing agency transitioned from paper time logs to a web-based time log system. She stated that the agency required its employees to use a mobile application on their personal phones to sign in and out of work. However, she explained that the application relied on GPS tracking and required the employee's phone to remain powered on throughout the shift. If the phone battery died, the system did not record the employee's worked hours. The Admissions Coordinator reported that during this transition, she frequently received phone calls from agency CNAs stating their phone battery had died and that their work hours needed to be manually adjusted. She stated that this issue could have caused discrepancies in the facility's PBJ staffing data for that reporting period, but she was unsure. She further confirmed that the previous Administrator who was in charge of the facility during the fourth quarter never confirmed the actual hours worked by agency CNAs before submitting the PBJ report. (continued on next page)

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 2:30 PM, during an interview, the Administrator stated that he did not know exactly what had happened regarding PBJ reporting for the fourth quarter but expected that staffing should always be reported accurately.