

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER ADAMS COUNTY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 587 JOHN R JUNKIN DRIVE NATCHEZ, MS 39120	
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)		
F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and facility policy review, the facility failed to accurately code the Minimum Data Set (MDS) related to anticoagulants for one (1) of 22 resident MDS assessments reviewed, Resident #49. Findings include: Review of the facility's Resident Minimum Data Set (MDS) Assessment policy, with a revision date of 09/2019, revealed, an assessment will be completed on each resident utilizing the MDS. The Registered Nurse is responsible for verifying the completion of the assessment. Any healthcare professional that completes a portion of the assessment must sign and certify the accuracy of the portion of the assessment that they have completed. A record review of Resident #49's Admission MDS Assessment, with an Assessment Reference Date of 02/07/2020, revealed, Section N410E (Medications Received) was marked to indicate an anticoagulant was given for six (6) during the seven (7) day lookback period for this assessment. Review of Resident #49's Physician order [REDACTED]. A record review of the Resident #49's Care Plan, revealed a focused problem for potential for injury related to Anticoagulant. On 0[DATE] at 10:51 AM, during an interview, with Registered Nurse (RN) #1/MDS Coordinator, she revealed, Resident #49's MDS was coded to indicate the resident was receiving anticoagulants. RN #1 revealed that [MEDICATION NAME] and Aspirin were not considered to be anticoagulants, but are antiplatelets. RN #1 confirmed the MDS was marked incorrectly. RN #1 revealed the MDS should be coded correctly, because that is how they are aware of how to take care of the resident. RN #1 revealed it was her responsibility to monitor the residents' care plans and MDS assessments.		
F 0645 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review and facility policy review the facility failed to ensure a Pre-Admission Screening and Resident Review (PASRR) was completed accurately to reflect Resident #40's [DIAGNOSES REDACTED]. Findings include: A review of the facility's Pre-Admission Screening PAS/PASRR policy, with a revision date of 10/2018, revealed, anyone applying for admission to a nursing facility must be approved prior to the admission by the Division of Medicaid (DOM) and/or the appropriate Level II authority. When Level I screening on the PAS indicates possible Mental Illness or Intellectual Disability/Developmental Disability and related conditions, the DOM will notify [MED] to review the case. The Level II evaluation must occur prior to admission and whenever the resident has a significant change in status. When Level II evaluation is required the facility must receive an authorization letter approving admission to the nursing facility. The nursing facility must submit the Mississippi Tracking Form to [MED] upon admission of the resident. The Nurse Case Manager or other facility designee will be responsible for completing the PAS. A review of Resident #40's PAS Summary and Physician Certification, dated 10/11/2019, revealed the Level II Referral Criteria question, regarding if person has a [DIAGNOSES REDACTED]. Review of the facility's Face Sheet for Resident #40, revealed, she was admitted by the facility, on 10/11/2019, with [DIAGNOSES REDACTED]. A review of the facility 's [DIAGNOSES REDACTED].#40, revealed, the onset date for the [DIAGNOSES REDACTED]. Review of Resident #40's Admission Minimum Data Set (MDS) Assessment, with an Assessment (ARD) of 10/17/2019, revealed Section A1500 (PASRR), was checked No to indicate the resident had not been evaluated for a Level II screening. Section I (Active Diagnoses) was checked to indicate Resident #40 had [DIAGNOSES REDACTED]. Resident #40 had a Brief Interview of Mental Status (BI[CONDITION]) score of 8, which indicated severe cognitive impairment. During an interview, on 03/11/2020 at 11:39 AM, the Director of Nursing (DON) revealed that she thought that a Level II was not done due to resident had a [DIAGNOSES REDACTED]. On 03/11/2020 at 12:30 PM, an interview with the DON, revealed, Resident #40's [DIAGNOSES REDACTED]. The DON stated she had spoken with [MED]. She stated that she would review Resident #40 s PASRR, and send it for a Level II evaluation.		
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, resident interview, record review, and facility policy review, the facility failed to revise care plan related to [MEDICAL TREATMENT] treatment for [REDACTED].#25, for two (2) of 22 resident care plans reviewed. Findings include: Review of the facility's Care Plan Process policy, revised 8/2017, revealed, results of the assessment must accurately reflect the resident's status and needs, to be used to develop, review and revise the resident's comprehensive person-centered plan of care. The comprehensive care plan is an interdisciplinary communication tool. The care plan must be reviewed and revised periodically, on an ongoing basis to reflect the services provided or arranged, and must be consistent with each resident's written plan of care. Review of Resident #25's Care Plan, revealed, a focused problem, with an onset date of 12/30/2019, that addressed the potential for injury related to anticoagulant, with the next review on [DATE]19. Interventions included to give medications as ordered. A review of Resident #25 's Physician order [REDACTED]. On 0[DATE] at 10:53 AM, during an interview with Registered Nurse (RN) #1/Minimum Data Set (MDS) Nurse, she stated Resident #25 was on the anticoagulant medication, [MEDICATION NAME], when he was admitted to the facility, but completed it on 0[DATE]. RN #1 stated she was notified of changes with residents through physician orders. RN #1 stated Resident #25's order for [MEDICATION NAME] would have automatically dropped off without an order, and that it was missed to update the care plan. RN #1 confirmed the care plan was still active, but it had not been revised to indicate Resident #25 was not currently taking the medication. During an interview, on 0[DATE] at 11:15 AM, the Director of Nursing (DON) stated the expectation was for the care plan to be updated when changes were noted with residents. The DON stated the MDS Nurse should print the discontinued orders every day, then she would have seen the order drop off from that printout. The DON stated the care plan was important because it was what the staff used to take care of the residents' needs. Review of Resident #25's Face Sheet revealed, he was admitted by the facility on 12/30/2019. Resident #63 Review of Resident #63's Care Plan, revealed a focused problem, with an onset date of 0[DATE]18, that addressed the resident's [DIAGNOSES REDACTED]. The next review date for the care plan was targeted for 04/30/2020. A review of a focused problem addressed in Resident #63's Care Plan, with an onset date of 03/15/2019, revealed, the resident received [MEDICAL TREATMENT] three (3) days a week on Monday, Wednesday, and Friday. The next review date was targeted for 04/30/2020. Review of Resident #63's Face Sheet revealed he was readmitted by the facility, on 05/23/2019, with [DIAGNOSES REDACTED]. Review of Resident #63's Physician order [REDACTED]. During an interview and observation, on 03/11/2020 at 2:50 PM, Resident #63 lifted his left arm to reveal the location of his [MEDICAL TREATMENT] shunt, and stated it was the arm they used for [MEDICAL TREATMENT]. An interview, on 0[DATE] at 10:49, with RN #1/MDS Nurse and the DON, revealed, they both stated that when residents were readmitted from the hospital, if indicated, the Care Plans should be updated to reflect changes in days of [MEDICAL TREATMENT] and the location of the shunt site. They also stated that it was important to revise changes in the residents' care plans, as the care plan serves as a guide for nurses in the delivery of resident care. RN #1 stated she had been		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

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F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>employed at the facility for four (4) years and that she used the physician's orders [REDACTED]. Review of Resident #63's Quarterly MDS Assessment, with an Assessment Reference Date (ARD) of 01/29/2020, the resident had a Brief Interview of Mental Status (BIM[CONDITION]) score of 15, which indicated intact cognitive skills. Section O100J (Special Treatments and Programs) revealed the resident was receiving [MEDICAL TREATMENT] as a resident of the facility.</p> <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, record review and policy review the facility failed to maintain the kitchen in a clean and sanitary condition as evidenced by not cleaning the thermometer during tray line temps, and failure to have the dishwasher at recommended water temperatures for two (2) of three (3) kitchen observations. Findings include: A review of the facility's Guidelines for Using Thermometers policy, dated 04/2014, revealed: The facility shall monitor temperatures of hazardous foods to maintain quality and safety of food served. Thermometers are cleaned and sanitized before and after each use to prevent cross contamination. An observation, on 0[DATE]20 at 11:00 AM, during tray line temperature checks, Dietary Staff (DS) #2 checked food items, and did not clean the thermometer between checking each item. DS #2 checked the roast beef, chopped roast beef, pureed roast beef, mixed vegetables, pureed vegetables, rice, pureed rice, chopped pork meat and beans. Four (4) of the food items (chopped roast beef, pureed vegetables, pureed rice and pork meat) were below the required holding temperature of 135 degrees. DS #2 only cleaned the thermometer when she re-checked the pork meat and the chopped roast beef. During an interview, on 0[DATE] at 9:28 AM, with the Dietary Manager (DM), she stated not cleaning the thermometer between temperature checks of food items was an issue. The DM stated the risk was the possible spread of contamination of the food. The DM revealed DS#2 had been working at the facility for over [AGE] years. The DM stated the last dietary training was done last year and included competencies. Review of the facility's Inservice Training, dated 11/21/2019, revealed, DS #2 was in attendance for the training for Dietary Staff Employees and had taken the Competency Test, which covered temperature checks. Dishwasher Review of facility's Machine Warewashing policy, dated 05/2018, revealed, the wash and rinse temperatures of ware washing machines that use chemical sanitizing should meet the temperature posted on the machine. On 03/11/2020 at 8:51 AM, an observation of the dishwasher cycle with DS #3, revealed, the dishwasher had a water temperature of 115 degrees for two (2) wash cycles. On 03/11/2020 at 8:55 AM, during an interview with DS #3, she revealed that the temperature should be in the green on the dishwasher thermometer. The temperature hand stayed in the blue portion on the thermometer. DS #3 stated all the dishes had been washed from breakfast. DS #3 stated she had been working at the facility for about two (2) weeks, and that she was still in training. Review of DS #3's Food Service and Nutrition Department Employee Orientation Checklist revealed proper operating procedures for equipment, and machine and manual ware washing was covered on 0[DATE]. On 03/11/2020 at 9:13 AM, during an interview with the DM, she stated the temperature range was about 125 degrees and pointed to the manufacturer's sticker on the dishwasher, which had the temperature listed at 125 degrees. The DM stated unclean dishes were a risk for the spread of infection. She stated the facility's policy was to use paper plates, until the dishwasher was working. The DM stated all the dishes would have to be cleaned again, when the dishwasher was working. She stated that Maintenance was aware of the issue with the dishwasher. Review of the Dishmachine Temperature/Chemical Log for March 2020, revealed, temperature checks were below 125 degrees for 15 out of 34 temperature checks performed, from 03/01/2020 through 03/11/2020. On 03/11/2020 at 9:19 AM, during an interview with the Maintenance Director, he stated that he was aware of the issue and had called a plumber last week, but they couldn't be here until this week. The Maintenance Director did not indicate a specific date that the plumber was notified. The Maintenance Director stated he called (Name of Dishwasher Manufacturer), and they told him that the dishwasher still cleans at 110 degrees. The Maintenance Director confirmed that the water temperature was too low. The Maintenance Director stated the plumber would have to make a new line, with a dedicated line from the hot water heater to the dishwasher. The Maintenance Director stated that he didn't know when it happened, but he realized when they used the sprayer beside the dishwasher, the temperature would not get high enough. Review of the Maintenance Jot Book revealed, the DM notified Maintenance of the problem regarding low water temperature on the dishwasher, on [DATE]20. The Maintenance Director initialed that the work was completed on 03/04/2020. On [DATE] at 9:50 AM, during an interview with the Maintenance Director, he confirmed that he signed the Maintenance Jot Book on 03/04/2020. The Maintenance Director stated his initials were to acknowledge his awareness of the issue, and that he was working on it. The Maintenance Director revealed the work on the dishwasher was not completed that day (03/04/2020).</p>		