

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/24/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44804</p> <p>Based on observations, staff interview, record review and facility policy review the facility failed to implement a care plan for shaving for Resident #26, failed to develop a care plan for maintaining a PICC (peripherally inserted central catheter) line for Resident #62, and failed to implement a care plan for fluid restriction for Resident #69. This was for three (3) of 19 care plans reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Develop/Implement Comprehensive Care Plan with a revision date of September 2022 revealed, The facility will develop and implement a comprehensive person-centered care plan for each resident consistent with the resident rights and that includes measurable objectives and timeframe's to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - 1. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required . 4. The resident's goals for admission and desired outcomes</p> <p>Resident #26</p> <p>Record review revealed the resident had a care plan with problem onset date of 9/24/2015, Requires assistance with ADL's (Activities of Daily Living) due to DX (diagnoses) of Parkinson, Decreased Muscle Strength, Impaired Mobility, and Decreased Bed Mobility .Approaches .Assist with ADL's as needed .</p> <p>An observation of Resident #26 on 07/17/23 at 11:39 AM revealed she was sitting up in her wheelchair in the day room with a patch of white hair on both sides of her chin that is approximately 1/4 inch wide and approximately 1/4 inch long.</p> <p>An interview on 7/20/23 at 8:30 AM, with the Administrator and the Corporate Administrator confirmed that the residents Activities of Daily Living (ADL) care plan was not being implemented since the resident had hair on her chin and needed to be shaved.</p> <p>Record review of Resident #26's Admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Unspecified Dementia without Behavioral Disturbance.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 255252	Facility ID: 255252
		If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/29/23 revealed in Section G that the resident required total dependence with bathing and in Section C a Brief Interview for Mental Status (BIMS) score of three (3), which indicates the resident is severely cognitively impaired.</p> <p>47874</p> <p>Record review of Resident #62's Care Plans revealed a care plan was not developed for the PICC line maintenance.</p> <p>An interview with Registered Nurse (RN) #2 on 7/20/23 at 8:35 AM, confirmed that Resident #62 did not have a care plan for PICC line care. She stated, No ma'am, it's not in there; That's what I'm working on now. She revealed the purpose of developing and implementing a care plan was to make sure that the care was done and individualized to that resident.</p> <p>Record review of Resident #62's Electronic Medication Administration Record (eMAR) revealed an order dated 6/21/23 to flush the PICC line in the left arm with 10 cubic centimeters (CC) of normal saline (NS) before and after each antibiotic.</p> <p>Record review of the Face Sheet revealed Resident #62 was admitted to the facility on [DATE] with medical diagnoses that included Benign Prostatic Hyperplasia, Unspecified Systolic Congestive Heart Failure and Unspecified Atrial Fibrillation.</p> <p>Resident #69</p> <p>Record review of Resident #69's care plan dated 7/13/23 revealed under intervention, 1200 cc (cubic centimeters) fluid restriction. Dietary to provide 720 cc. Nursing to provide 480 cc with med pass.</p> <p>On 7/18/23 at 4:45 PM, an interview with the DON confirmed that the facility did not monitor or document Resident #69's fluid intake on the Medication Administration Record (MAR) or Activities of Daily Living (ADL's) record.</p> <p>An interview with RN #2 on 7/19/23 at 2:10 PM, revealed the purpose of the care plan was to tell staff what the problem was with the resident and how to address it. She confirmed that staff did not follow the fluid restriction care plan for Resident #69. She stated, They wouldn't know the resident was on a fluid restriction.</p> <p>An interview with the DON on 7/19/23 at 2:30 PM confirmed that Resident #69's care plan was not followed for the fluid restriction and acknowledged that it should have been.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 7/20/23 at 8:40 AM, revealed the purpose of the care plan was to determine what kind of care the resident was to receive. She confirmed that by not developing or implementing the care plan, the facility may fail to provide the care that was needed.</p> <p>Record review of the Face Sheet for Resident #69 revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Unspecified Systolic Congestive Heart Failure, Hypokalemia, and Major Depressive Disorder.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47874</p> <p>Based on observation, staff interview, resident interview, record review and facility policy review the facility failed to flush a residents PICC (peripherally inserted central catheter) line for (1) one of (7) seven residents reviewed during medication observations. Resident #62.</p> <p>Findings include:</p> <p>Review of the facility policy titled Central Venous Catheter Procedures PICC/Central Venous Line Dressing and Caps (needleless connector) Change and Care policy revealed under, Policies and Guidelines . Flush PICC line every 12 hours or as ordered by physician .</p> <p>An observation and interview on 7/19/23 at 10:56 AM, with Resident #62 revealed a PICC line to his left upper arm with a dressing intact. Resident #62 revealed he went to the doctor recently and the device was flushed, but they do not flush it here at the facility.</p> <p>Record review of the July 2023 Medication Administration Record (MAR) for Resident #62 revealed an order dated 6/21/23, Normal Saline Flush 1 ML (milliliter) SYR (syringe) flush PICC (peripherally inserted central catheter) line left arm with 10 cc (cubic centimeters) normal saline before and after each antibiotic with a stop date of 7/04/23.</p> <p>Record review of the Physician Orders for the month of July 2023 revealed an order dated 6/22/23, PICC (peripherally inserted central catheter) line left arm sterile dressing change every 7 days: Sterile gloves clean gloves; mask; 4x4's; alcohol swabs occlusive dressing; Barrier for sterile field;</p> <p>An interview with the Assistant Director of Nursing (ADON) on 7/19/23 at 11:00 AM, revealed the resident was recently sent to the hospital for a blood transfusion. She revealed the Nurse Practitioner (NP) was waiting to see if the resident would require any further blood work or transfusions before removing the PICC line and she revealed that the resident had a follow-up appointment with the urologist on 7/17/23 and the NP wanted to leave the PICC line in place until that appointment.</p> <p>An interview with the ADON on 7/19/23 at 1:15 PM, revealed she was not aware that Resident #62's PICC line was not being flushed. She stated, We were flushing it. She revealed that the resident was receiving antibiotics for a UTI (urinary tract infection) and the PICC line flush order must have stopped when the antibiotic was completed on 7/04/23. She confirmed that they should be flushing it every day to maintain patency and prevent occlusion.</p> <p>An interview with the Director of Nursing (DON) on 7/19/23 at 1:30 PM, revealed she was not aware that Resident #62's PICC line was not being flushed every day. She stated, The order was entered with a stop date for when the IV antibiotic was completed. She revealed the NP wanted the line left in until he followed up with the Urologist.</p> <p>An interview with the NP on 7/19/23 at 1:45 PM, revealed the PICC line should still be flushed, and she stated, Yes, I didn't know that it wasn't, I can re-order that. She confirmed that flushing the PICC line could prevent the line from occluding.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/24/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview with the DON on 7/19/23 at 2:00 PM, confirmed that Resident #62 should have an order to flush his PICC line and confirmed that by not doing this, the line could clot off.</p> <p>Record review of the Face Sheet revealed Resident #62 was admitted to the facility on [DATE] with medical diagnoses that included Benign Prostatic Hyperplasia, Unspecified Systolic Congestive Heart Failure and Unspecified Atrial Fibrillation.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/5/23 revealed under section C a Brief Interview for Mental Status (BIMS) score of 12, indicating resident #62 is moderately cognitively impaired.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44804</p> <p>Based on observations, staff interview, resident interview, record review and facility policy review the facility failed to shave a resident that was dependent on staff for bathing and personal hygiene for one (1) of 74 residents reviewed during initial tour. Resident #26</p> <p>Findings Include:</p> <p>Review of the facility policy titled Mississippi Care Center-ADL (Activities of Daily Living) Care Provided for Dependent Residents with a review date of 09/22 revealed, Residents who are unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene .</p> <p>An observation on 07/17/23 at 11:39 AM, revealed Resident #26 sitting up in her wheelchair in the day room with a patch of white hair on both sides of her chin that is approximately 1/4 inch wide and approximately 1/4 inch long.</p> <p>An interview and observation on 7/18/23 at 12:45 PM, with Certified Nurse Assistant (CNA) #2 revealed that Resident #26 is in an A bed and those baths are performed on Monday-Wednesday and Friday's. She stated that all personal hygiene care goes along with the resident's baths to include shaving. During an observation of Resident #26, CNA #2 confirmed that Resident #26 had hair on her chin and when the CNA asked the resident if she wanted it shaved off , the resident stated, If it's there then it needs to be off, I did not even know it was there CNA #2 confirmed that she should have been shaved and she would take care of it.</p> <p>An interview on 7/18/23 at 1:10 PM, with the Director of Nurses (DON) confirmed that female residents need to be shaved of facial hair when they have their baths unless the resident refuses.</p> <p>Record review of Resident #26's Face Sheet revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Unspecified Dementia without Behavioral Disturbance.</p> <p>Record review of Resident #26's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/29/23 revealed in Section G that the resident required total dependence with bathing and in Section C a Brief Interview for Mental Status (BIMS) score of 3, which indicates the resident is severely cognitively impaired.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39807</p> <p>Based on observation, resident and staff interview, record review and facility policy review the facility failed to provide appropriate incontinent care treatment to prevent the potential for infection for one (1) of four (4) residents observed for care observations. Resident #21.</p> <p>Findings include:</p> <p>A review of the facility policy titled Incontinence, revised September 2022, revealed based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services. The Policy Explanation and Compliance Guidelines revealed: Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible.</p> <p>An interview on 07/17/23 at 11:13 AM, with Resident #21 revealed she doesn't feel like they clean her good.</p> <p>On 7/19/23 at 8:02 AM, an observation of Resident #21's incontinent care with Certified Nursing Assistant (CNA) #1 revealed that she did not change gloves after setting up the wash basin. CNA #1 wet a bath cloth, wiped across the resident's lower abdomen and groin areas. She then placed the contaminated bath cloth back in the clean water basin and wiped more than one area with the same area of the bath cloth.</p> <p>An interview on 07/19/23 at 09:45 AM, with Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1 regarding the incontinent care process, LPN #1 stated that the staff should clean with a different area of the bath cloth from top to bottom with one swipe with each different location. RN #1 stated that CNA #1 should have used two basins.</p> <p>An interview on 07/19/23 at 10:00 AM, with CNA #1 regarding incontinent care confirmed that she put the dirty bath cloth back into clean water and contaminated the clean water and she should not wipe more than once with the same area of the bath cloth.</p> <p>An interview on 7/20/23 at 9:50 AM, with the Director of Nursing (DON) confirmed staff does annual competency check offs but the staff does get nervous.</p> <p>A review of facility in-service records revealed that CNA #1 attended an in-service on incontinent care on 01/30/23 and successfully performed skills check off for incontinent care on 07/20/22.</p> <p>A review of the facility Face Sheet for Resident #21 revealed she was admitted to the facility on [DATE] with diagnoses that included Diabetes Mellitus, Intracerebral Hemorrhage, and Needs assistance with personal care.</p> <p>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/17/23 revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #21 was cognitively intact.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47874</p> <p>Based on observations, resident and staff interview, record review and facility policy review the facility failed to follow a physician prescribed fluid restriction for (1) one of (4) four residents on dialysis. Resident #69</p> <p>Findings include:</p> <p>Review of the facility policy titled Fluid Restriction policy dated 12/13/2018 revealed, Fluid restriction orders will be carried out as ordered by the physician by the nursing and dietary departments 2. Fluids ordered for the resident will be divided between the Nursing and Dietary departments. 3. Fluids determined to be used by Dietary will be sent out on the meal tray. 4. All fluids given by the aides will be recorded in the resident's room on a fluid intake form. 5. Fluids determined to be used by nursing will be divided between their medication passes. 6. Fluids given by the nurses on medication passes are to be recorded on the eMAR (electronic medication administration record). 7. Fluid intake sheet will be totaled, and a 24-hour total entered on the eTAR (electronic treatment administration record).</p> <p>An observation and interview with Resident #69 on 7/18/23 3:15 PM, revealed that he did not have a water pitcher in his room. The resident revealed that he goes by his fluid restriction. He stated, Pretty much, I drink only what they bring me.</p> <p>Record review of the July 2023 Physician Orders revealed an order dated 6/06/23, 1200 cc (cubic centimeter) fluid restriction R/T (related to) ESRD (End Stage Renal Disease)</p> <p>Record review of the July 2023 Medication Administration Record (MAR) revealed Resident #69 did not have an order listed for fluid restriction or a monitoring tool to track fluid intake within a 24-hour period.</p> <p>An interview with the Director of Nursing (DON) on 7/18/23 at 4:15 PM, revealed that the aides would know not to give Resident #69 any fluids because he doesn't have a water pitcher in his room.</p> <p>An interview on 7/18/23 at 4:30 PM with Medical Records revealed that Resident #69's fluid restriction was not added on the Activities of Daily Living (ADL) task for the aides to document.</p> <p>An interview with the DON on 7/18/23 at 4:45 PM, confirmed that the facility did not monitor or document Resident #69's fluid intake on the MAR or ADL's. She confirmed that this should have been done, and that this could cause the resident to be in fluid volume overload. She also confirmed that they did not provide a breakdown of the total number of fluids that the resident should receive between nursing and the dietary department in a 24 -hour period. She stated, No, we didn't do it.</p> <p>An interview with Certified Nurse Aide (CNA) #3 on 7/19/23 at 8:00 AM, revealed she was able to identify if a resident was on a fluid restriction because the resident will not have a water pitcher in their room. She stated, The fluid restriction will be on their meal slip. She revealed that Resident #69 does go by his ordered fluid restriction. She stated, He may ask for 1/2 (one-half) cup of coffee in the mornings, and we have to check with the nurse before getting it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview with Registered Nurse (RN) #2 on 7/19/23 at 2:10 PM, revealed Resident #69 did not have an order for a fluid restriction on the MAR or ADL. She stated, They (the staff) wouldn't know the resident was on a fluid restriction because it's not on there (the ADL or MAR).</p> <p>An observation of Resident #69's Medical Record with the Minimum Data Set (MDS) on 7/20/23 at 9:15 AM, confirmed that the resident did not have a fluid restriction task on the ADL's.</p> <p>Record review of the Face Sheet for Resident #69 revealed he was admitted to the facility on [DATE] with medical diagnoses that included Unspecified Systolic Congestive Heart Failure, Hypokalemia, Gastro-Esophageal Reflux Disease Without Esophagitis, and ESRD.</p> <p>Record review of the Quarterly MDS with an Assessment Reference Date (ARD) of 7/07/23 revealed under section C a Brief Interview for Mental Status (BIMS) score of 99, indicating Resident #69 was unable to complete the BIMS.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39807</p> <p>Based on observation, resident and staff interviews, record review, and facility policy review the facility failed to post an oxygen in use sign outside the door and to label oxygen tubing and a humidifier bottle for one (1) of four (4) residents reviewed that were receiving oxygen. Resident #21.</p> <p>Findings include:</p> <p>Record review of a procedure Nursing Department Infection Control undated, revealed .Respiratory Equipment: .Oxygen tubing .When not in use, store the mask/cannula in a plastic bag labeled with the resident's name and date .</p> <p>An observation on 07/17/23 at 11:11 AM, revealed, Resident #21's oxygen tubing and humidifier bottle were not labeled and dated. The cannula was laying on the floor underneath the overbed table. No oxygen in use signage was on the door.</p> <p>An observation and interview on 07/19/23 at 8:16 AM, with the Director of Nursing (DON) confirmed, Resident #21's oxygen tubing was laying on the floor and the oxygen tubing and humidifier water bottle was not labeled. The DON stated that the procedure should be to change tubing every seven days and that tubing should be labeled with time, date and initials. The DON stated that the water bottle on the concentrator should be changed every thirty days and should be labeled with time, date, and initials. The DON stated that the tubing should be stored in a plastic bag when not in use and should not be laying on the floor to prevent infection. The DON confirmed that there was not an oxygen sign on the door.</p> <p>A record review of the Physician Orders dated 07/17/23 revealed Oxygen at two (2) liters per minute by nasal cannula as needed.</p> <p>An observation and interview with Resident #21 on 07/19/23 at 04:30 PM, revealed the oxygen tubing and humidifier bottle remained unlabeled and the tubing was laying on the floor. Resident #21 stated she doesn't use it all the time, just when she thinks she needs it.</p> <p>A review of the facility Face Sheet revealed Resident #21 was admitted to the facility on [DATE] with diagnoses that included Congestive Heart Failure, Human Immunodeficiency Virus, Essential Hypertension and Cough.</p> <p>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/17/23 revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #21 was cognitively intact.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39807</p> <p>Based on observations, staff interviews, record review and facility policy review the facility failed to prevent the possibility of infection as evidenced by failing to perform hand hygiene, provide a clean workspace, change gloves and keep oxygen tubing off the floor and in a plastic bag for one (1) of four (4) resident care observations. Resident #21</p> <p>Findings include:</p> <p>A review of the facility policy titled Infection Control, revised September 2022, revealed: Staff involved in direct resident contact will perform hand hygiene (even if gloves are used). Hand hygiene is performed: After removing personal protective equipment (e.g., gloves, gown, facemask). Gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during resident care. Oxygen tubing, when not in use, store the mask/cannula in a plastic bag labeled with the resident's name and date.</p> <p>An observation, on 07/17/23 at 11:11 AM, revealed Resident #21's oxygen tubing and humidifier bottle were not labeled and dated. The cannula was laying on the floor underneath the overbed table.</p> <p>,</p> <p>An observation and interview on 07/19/23 at 8:16 AM, with the Director of Nursing (DON) confirmed, Resident #21's oxygen tubing was laying on the floor. The DON stated that the tubing should be stored in a plastic bag when not in use and should not be laying on the floor to prevent infection.</p> <p>An observation on 07/19/23 at 08:24 AM, of incontinent care with Certified Nursing Assistant (CNA) #1 revealed, she set up a wash basin on the overbed table of Resident #21. There was an open container of juice, toothpaste, a comb, jewelry, and a contact case on the same table with the wash basin. CNA #1 did not change gloves after setting up the wash basin. CNA #1 wet a bath cloth and wiped across the resident's lower abdomen and groin areas and placed the contaminated bath cloth back in clean water basin and reused it. CNA #1 wiped more than once with the same area of the bath cloth and left the dirty bath cloth on the bed. CNA #1 positioned Resident #21 on her right side. CNA #1 then got a new bath cloth and did not change gloves. CNA #1 looked over resident #21's room for briefs touching items in drawers, touching furniture, the bed and the privacy curtain. CNA #1 then put on clean gloves without performing hand hygiene. CNA #1 then applied skin protectant, did not change gloves and then applied a clean brief to Resident #21.</p> <p>An interview on 07/19/23 at 09:45 AM, with Registered Nurse (RN)#1 and Licensed Practical Nurse (LPN) #1 regarding incontinent care process revealed, LPN #1 stated that gloves should be changed frequently, and staff's hands should be washed each time gloves are changed. LPN #1 stated that the staff should clean with a different area of the bath cloth from top to bottom with one swipe with each different location. RN #1 stated that CNA #1 should have used two wash basins.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2023
NAME OF PROVIDER OR SUPPLIER MS Care Center of Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Union Street Greenville, MS 38703	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 07/19/23 at 10:00 AM, with CNA #1 confirmed she put the dirty bath cloth back into the clean water and contaminated the clean water. CNA #1 stated that there should not have been anything on the table with the basin and confirmed there was open apple juice and other items on the table. She stated that having the items on the table was an infection control problem.</p> <p>An interview on 7/20/23 at 9:50 AM, with the DON confirmed staff does annual competency check offs, but the staff does get nervous.</p> <p>Record review of the Face Sheet for Resident #21 revealed Resident #21 was admitted to the facility on [DATE] with diagnoses that included Congestive Heart Failure, Human Immunodeficiency Virus, Essential Hypertension and Cough.</p> <p>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/17/23 revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #21 was cognitively intact.</p>		