

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey along with six (6) Complaint Investigations (CI MS #23240, CI MS #23523, CI MS #24140, CI MS #24207, CI MS #24236, and CI MS #24278), at the facility from 02/26/24 through 02/29/24. The SA investigated CI MS #23240 for residents not allowed snacks, no refrigerators in their rooms, and food choices and taste and cited F809. The SA investigated CI MS #23523 for a facility reported incident related to pest control and cited F925. The SA investigated CI MS #24207 for a facility reported incident related to misappropriation of funds and cited F602. The SA investigated CI MS #24278 for resident neglect related to not properly groomed, resident with body odor and pressure wounds and not assisting resident with feeding and cited F677. The SA investigated CI MS #24140 related to falls and CI MS #24236 for facility staffing, not answering call lights in a timely manner, and quality of care, and there were no citations related to those complaints. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F565, F656, F690, and F812.	F 000			
F 602 SS=D	The facility had a census of 115 and was licensed for 132. Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from	F 602			4/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/21/2024

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 602	<p>Continued From page 1</p> <p>corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review, and facility policy review, the facility failed to protect residents from misappropriation of property for one (1) of 23 sampled residents. Resident #64</p> <p>Findings include:</p> <p>Review of the facility's policy, "Abuse, Neglect and Exploitation," dated and initialed 3/23/23, revealed, "Policy: It is the policy of this facility to provide protections for health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent ...misappropriation of resident property ...Definitions: ...Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent ..."</p> <p>Record review of the Facility Investigation, dated 2/09/24, revealed, that on 1/16/2024, Resident #64 reported fraudulent charges on his bank statement to the Social Worker and Director of Nurses (DON). Resident #64 still had the card present in his wallet. Social services contacted the bank and placed a hold on the bank card. The local police were also contacted, and a report was made. An investigation was initiated for Resident #64. The resident was asked to provide the facility with any further documents received from the bank to the DON. The week of January 31, 2024, Resident #64 received another bank statement. Upon review of the bank statement</p>	F 602	<p>F602-Free from Misappropriation/Exploitation of Property</p> <p>Resident #64 reported fraudulent charges on his bank statement on 1/16/24. Social Service Director (SSD) called the bank immediately to place a hold on his debit card and police were called to investigate. On 2/6/24 Director of Nursing (DON) identified the person of interest that had used Resident #64 card information. The suspect was identified as a Certified Nursing Assistant that worked with a contract service, last day of service at this facility was 12/28/23. DON notified the contract service on 2/6/24 and was informed she was no longer employed. Resident was encouraged to keep card locked in his lock box unless he in using.</p> <p>All residents with have the potential to be affected by this deficient practice.</p> <p>SSD interviewed all oriented residents on 300 hall regarding missing items on 1/16/24. SSD educated residents on 1/18/24 during Resident Council meeting to use provided lock boxes to keep bank card, in room education was conducted by DON and Assistant Director of Nursing to residents that did not attend Resident Council. Director of Nursing initiated the Abuse, Neglect and Exploitation/Misappropriation of property</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 602	<p>Continued From page 2</p> <p>with Resident #64, there was a charge noted on the bank statement for CPR (Cardiopulmonary Resuscitation) certification on January 9, 2024. The charge was placed through CPR National Foundation. An e-mail was sent to the CPR National Foundation to identify the CPR certification for January 9, 2024, using Resident #64's card number. A response was received on February 6, 2024, at 2:08 PM identifying the individual that had used the bank card number with the last four numbers of the bank card belonging to Resident #64. The local police were contacted, and another report was made including the identity of the person's information. The suspect was identified as (proper name) of a Certified Nurse aide (CNA). The CNA was an employee of (proper name) contracting company. The CNA worked as needed scheduling at the facility through (proper name) contracting company. The CNA has not worked at the facility since December 28, 2023. The facility identified interventions in response to the incident, which, in addition to notification of the local police department, in-services were initiated on abuse, neglect, and misappropriation of funds, the resident's bank replaced the money back into the resident's account, the State Agency, as well as the Attorney General were contacted, the Social Worker conducted interviews with other residents that reside in the same area of the facility, and the contracting agency was notified. The conclusion of the investigation resulted in substantiation of misappropriation of resident funds.</p> <p>On 02/26/24 at 12:15 PM, an interview with Resident #64 revealed he discovered fraudulent charges on the January statement of his bank account. He stated that he reported the charges</p>	F 602	<p>in-service on 1/16/24 for all staff.</p> <p>Administrator and/or Admissions Coordinator will interview 5 residents weekly times 4 weeks then monthly times 4 months starting 1/17/24 to ensure no other valuables are missing. Finding was brought by Administrator to Quality Assurance Performance Improvement Committee (QAPI) meeting on 3/12/24. Administrator will bring additional finding to next QAPI meeting on 4/9/24 then monthly times 3 months.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 602	<p>Continued From page 3</p> <p>on his bank statement to the Social Worker who in turn reported the charges to the DON and the Administrator. The resident added that the charges went back as far as December 2023 all the way through February of 2024.</p> <p>Review of the bank documents depicting the fraudulent charges were reviewed and the charges were listed as the following: \$82.05 on 12/30/23 (pizza restaurant), \$61.59 on 12/30/23 (grocery store), \$42.05 on 12/30/23 (chicken restaurant), \$35.09 on 12/31/23 (department store), \$35.56 on 12/31/23 (grocery store), \$29.07 on 1/5/24 (chicken restaurant), \$28.32 on 1/3/24 (pizza restaurant), \$41.47 on 1/3/24 (fast food restaurant), \$14.07 on 1/10/24 (fast food restaurant), \$14.95 on 1/9/24 (national CPR certification), \$11.73 on 1/9/24 (fast food restaurant), \$8.71 on 1/9/24 (fast food restaurant), \$17.10 on 1/6/24 (pizza restaurant), \$24.32 on 1/6/24 (pizza restaurant), \$4.69 on 1/6/24 (fast food restaurant), \$9.28 on 1/5/24 (fast food restaurant), \$12.23 on 1/4/24 (fast food restaurant), \$13.57 on 1/4/24 (fast food restaurant), \$17.87 on 1/2/24 (food delivery service), \$62.96 on 1/2/24 (food delivery service), \$171.20 on 1/5/24 (sporting good store), \$2.56 on 1/5/24 (fast food restaurant), \$44.49 on 1/9/24 (wireless telephone service), and \$29.41 on 5/24 (fast food restaurant).</p> <p>On 02/27/23 at 12:00 PM, during an interview with the DON, she confirmed that Resident #64 had made the Social Worker aware of the fraudulent charges on his bank statement and revealed that he still had his bank card in his wallet. The DON revealed that it was at that time that the local police department was notified, and the facility began an investigation. The DON</p>	F 602			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 602	Continued From page 4 stated that she had asked the resident to bring any future bank documents that he received to her for review. The week of January 31, 2024, when Resident #64 received another bank statement, there was a charge made for CPR certification and that charge provided the information needed to identify the individual responsible for the charges. The suspect was identified as (proper name), CNA, as an "as needed" CNA contracted to work through (proper name) contracting company. The DON revealed that the contracting company was notified, and the employee had not worked at the facility since December 28, 2023. Record review of the Face Sheet for Resident #64 revealed the facility admitted the resident to the facility on 1/28/21, with diagnoses that included Essential Hypertension and Type 2 Diabetes Mellitus. Record review of the Annual Minimum Data Set (MDS), for Resident #64, with an Assessment Reference Date (ARD) 11/13/23, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12. which indicated the resident had moderate cognitive impairment.	F 602			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review the facility failed to provide showers	F 677	F677 ADL	4/10/24	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 677	<p>Continued From page 5</p> <p>for residents who require assistance for three (3) of (23) sampled residents. (Residents #74, #78 and #97)</p> <p>Findings Include:</p> <p>Review of the facility's policy, "Activities of Daily Living" (ADL's)", revised 11/28/2023, revealed ...The facility will, based on the residence comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate ...Care and services will be provided for the following activities of daily living ...1. Bathing, dressing, grooming ..."</p> <p>Review of the facility policy, "Resident Showers", revised 11/29/23, revealed, " ...It is the practice of this facility to assist residents with bathing to maintain proper hygiene ...Policy Explanation and Compliance Guidelines ...1. Residents will be provided showers are per request or as per facility schedule protocols ..."</p> <p>Resident #74</p> <p>On 2/28/29 at 04:50 PM, in an interview with Resident #74, she stated that she does not receive a shower consistently. The resident explained that she received a shower on Tuesday, Thursday, and Saturday and she did not receive a shower the previous day, which was a Tuesday. The resident said that she hoped she would get a shower tomorrow because the staff give showers whenever they want to and not when it is scheduled.</p> <p>A record review of the facility's, "Activities of Daily Living (ADL) Assistance and Support"</p>	F 677	<p>Director of Nursing (DON), Assistant Director of Nursing (ADON) and Resident Care Manager's (RCM) immediately audited bath schedules and shower sheets on 2/28/24. Resident #97 was no longer a resident at the facility, Resident #78 had received a bath that day, 2/28/24, and Resident #74 was offered a bath but chose to wait the following day, 2/29/24, for her scheduled bath day.</p> <p>All residents have the potential to be affected by this practice.</p> <p>An in-service was conducted on 2/29/24 and ongoing by Staff Development Nurse for all Certified Nursing Assistant's (CNA) on following bath schedules, any missed or refused showers will be reported to DON. ADON or RCM for follow up. CNA's will not be permitted to work until in-serviced after 4/1/24.</p> <p>DON, ADON and/or RCM started monitoring the shower schedule on 2/29/24 daily x 4 weeks then monthly for 4 months and interviewing 3 Residents weekly to confirm shower was performed weekly times 4 weeks then monthly times 4 months. Starting on 2/29/24 floor nurse and CNA will sign off on shower schedule to confirm shower was performed. Finding were brought by DON to initial Quality Assurance Performance Improvement Committee (QAPI) meeting on 3/12/24 for review and follow up for any recommendations for additional education. DON will bring finding to next QAPI meeting on 4/9/24 then monthly</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 677	<p>Continued From page 6</p> <p>documentation revealed Resident #74 received four (4) showers for the month of February.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #74 on 2/22/20 and she had current diagnoses Muscle Weakness.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/26/23 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated her cognition was moderately impaired.</p> <p>Resident #78</p> <p>During an interview on 02/28/24 at 4:46 PM, with a Resident #78's family member, she explained that every time she visited her mother, she was dirty, and her hair was greasy. She stated that her family member was not getting bathed, and she had previously met with the Director of Nursing (DON) and other staff regarding this matter.</p> <p>During an interview on 02/28/24 at 04:50 PM, with Resident #78, she explained that she was incontinent and needed to have showers, but she had to have help.</p> <p>During an interview on 02/28/24 at 05:00 PM, with Licensed Practical Nurse (LPN) #2, she explained she was the cart nurse for the hall. She stated that she has not been told by a nurse aide that the resident refused her shower.</p> <p>During an interview on 2/28/24 at 05:10 PM, with Certified Nurse Aide (CNA) #5, she stated that Resident #78 often refused to take a shower.</p>	F 677	times 3 months.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 677	<p>Continued From page 7</p> <p>She acknowledged that the resident's family visited and wanted to know why the resident was dirty and she explained that the resident refused to take showers. CNA #5 confirmed Resident #5 had not received a shower at 4:30 PM because the resident had refused, but she did not notify the nurse or the DON that the resident had refused.</p> <p>A record review of the "ADL Assistance and Support" documentation for February 2024 revealed Resident #78 was dependent upon staff for bathing and received five (5) baths for the month of February.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident # 78 on 7/31/23 and she had current diagnoses including Hypertension.</p> <p>A record review of the MDS with an ARD of 12/26/23 revealed Resident #78 had a BIMS score of 11, which indicated her cognition was moderately impaired.</p> <p>Resident #97</p> <p>In a phone interview on 2/26/24 at 2:00 PM, with the social worker at the local hospital, she stated she received report from the emergency room medical doctor and nurses that Resident #97 was dirty, unkempt, and had an odor when he arrived from the facility. She confirmed the resident was currently admitted to the hospital.</p> <p>During an interview on 2/26/24 at 5:00 PM, with Resident #97's family member, she confirmed Resident #97 was sent to the hospital dirty and unkempt. The wife said she told the hospital staff</p>	F 677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 677	<p>Continued From page 8 that he was always dirty and had odors.</p> <p>A record review of the "ADL Assistance and Support" document for February 2024 revealed Resident #97 was dependent upon staff for bathing and received one (1) bath on 2/14/24 for the month of February.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #97 on 8/16/22 and he had current diagnoses including Alzheimer's Disease.</p> <p>A record review of the MDS with an ARD of 12/19/23 revealed Resident #97 had a BIMS score of 8, which indicated his cognition was severely impaired.</p> <p>During an interview 02/29/24 at 09:31 AM with the DON, she confirmed there was no documentation on the shower sheets to show Resident #78 had received showers three (3) times per week and confirmed she had recently met with the resident's family. The DON said she believed the CNAs were giving showers but were not documenting it on the computer. The DON explained that if a resident refused a shower, the CNAs are trained to document the refusal and notify the nurse, and the cart nurse should notify the charge nurse so the charge nurse can further encourage the resident. If a resident continues to refuse a bath, then the Assistant Director of Nurses (ADON) and DON should be notified. The DON explained the shower schedule is set up for residents who are on the "A" bed received showers on Monday, Wednesday, and Friday and the residents on the "B" bed received showers on Tuesday, Thursday, and Saturday. The DON said the charge nurse was responsible for monitoring</p>	F 677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 677	Continued From page 9 the CNAs to ensure the showers and baths were given. The DON also said she was not aware that Resident #74 was not getting a shower. During an interview on 02/29/24 at 10:00 AM, with the Administrator, she revealed she was not aware residents were not getting their baths or showers. The Administrator said she was going to make changes to ensure the resident's needs and preferences were being met.	F 677			
F 809 SS=E	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and the facility policy review the facility failed to offer residents in the facility a bedtime snack for (3) of	F 809	F809: Frequency of Meals/Snacks at Bedtime	4/10/24	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 809	<p>Continued From page 10</p> <p>23 sampled residents. (Resident #94, Resident #95, and Resident #107).</p> <p>Findings Include:</p> <p>A review of the facility's policy, "Offering/Serving Bedtime Snacks", revised 4/20/23, revealed, "...It is the practice of this facility to offer and serve residents with a nourishing snack in accordance with their needs, preferences and requests at bedtime on a daily basis ...Policy Explanation and Compliance Guidelines ...1. The nursing staff offers bedtime snacks to all residents ..."</p> <p>Resident #94</p> <p>On 02/27/24 at 01:30 PM, in an interview with Resident #94, she explained she has not noticed the staff offering snacks to residents in the facility, or taking bedtime snacks to residents who are unable to leave their room. She said that if she asked for a snack, the staff would provide it.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #94 on 12/21/22 and she had current diagnoses including Type 2 Diabetes Mellitus.</p> <p>A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/01/24 revealed Resident #94 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.</p> <p>Resident #95</p> <p>On 02/27/24 at 01:30 PM, an interview with Resident #95, he stated that he had never been offered a snack after dinner and did not know that</p>	F 809	<p>On 2/29/24 and ongoing an in-service was conducted with all Certified Nursing Assistant's (CNA) and Nurses on offering bedtime snacks to all residents. Resident #94, Resident #95 and Resident #107 were shown snack choices and informed they would be offered a snack every evening on 2/29/24 by Director of Nursing (DON).</p> <p>All residents with have the potential to be affected by this practice.</p> <p>CNA's and Nurses were in-serviced on offering bedtime snacks to all residents. Residents were informed snacks are available at night; signs with visuals of possible snacks were posted in all resident's rooms. Electronic Health Record (EHR) documentation was added for nurses to offer snacks and chart on 3/12/24.</p> <p>Director of Nursing (DON) or Assistant Director of Nursing (ADON) began auditing charting on nighttime snacks on 3/12/24 weekly times 4 weeks and monthly times 4 months. Social Services began interviewing ten (10) residents weekly to ask if nighttime snacks were offered on 3/4/24 times for four (4) weeks then monthly times 4 months. Finding were be brought to initial Quality Assurance Performance Improvement Committee (QAPI) meeting by DON for review and follow up for any recommendations for additional education on 3/12/24.DON will bring findings to next QAPI meeting on 4/9/24 then monthly</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 809	<p>Continued From page 11 bedtime snacks were available.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #95 on 11/10/22 and he had current diagnoses including Hypertension.</p> <p>A record review of the Quarterly MDS with an ARD of 12/27/23 revealed Resident #95 had a BIMS score of 14, which indicated he was cognitively intact.</p> <p>Resident #107</p> <p>On 02/26/24 at 11:39 AM, an interview with Resident #107 revealed the activities staff offered snacks to the residents after breakfast and lunch, but there was no snack offered at bedtime. The resident reported mainly staying in her room and seldom ventures down the hall. The resident stated she has not been offered an after-dinner snack in the time she has been at the facility.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #107 on 01/31/24 with current diagnoses including Osteoarthritis.</p> <p>A record review of the Admission MDS with an ARD of 2/07/24 revealed Resident #107 had a BIMS score of 14, which indicated he was cognitively intact.</p> <p>On 02/27/24 at 03:13 PM, an interview with the Assistant Director of Nursing (ADON) revealed snacks are brought from the kitchen at 10 AM and 2 PM and the Activities staff offered them to the residents. The ADON confirmed there was no bedtime snacks offered, but if a resident wanted a snack, they could ask a nurse.</p>	F 809	times 3 months.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 809	Continued From page 12 On 02/29/24 at 12:07 PM, in an interview with the Administrator, she confirmed that although snacks were available upon request, all residents were not offered a bedtime snack. She stated that going forward, the nursing staff would offer all residents a bedtime snack.	F 809			
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Level II Based on interview, and record review, the facility failed to provide a pest free living environment for one (1) of 23 sampled residents. Resident #262 Findings include: A record review of the facility investigation dated 11/13/23, revealed Resident #262 was admitted by the facility on 9/22/23, as a skilled resident, with diagnoses of Acute Embolism and Thrombus of the Right Popliteal Vein. The investigation stated that on November 11, 2023, at approximately 9:00 AM, the resident reported to a day shift nurse that she thought she had some insect bites. The day shift nurse visually noted several red raised areas on skin upon. However, the nurse inspected the resident's bed and found no insects in the resident's bed or on her body at the time the red raised areas were observed. The investigation noted that the resident's husband was at the bedside when the day nurse observed the red raised areas on the resident's skin, and	F 925	F925 Maintains Effective Pest Control On 11/11/23 Resident #262 was sent to the hospital for evaluation of red raised areas per husband's request. Observation of ants by staff was addressed immediately; contracted pest control service was called and inside and outside of room was sprayed for all insects on 11/11/24, room was deep cleaned and decluttered. Upon return from the hospital on 11/11/24 Resident #262 was moved to a new room. All other rooms on 100 hall were inspected for insects with no further insects noted. All residents have the potential to be affected by this deficient practice. On 11/13/23 pest control service was called to spray inside and outside of the entire facility. Administrator instructed the service on 11/13/23 to increase visits to twice monthly times 3 months. Assistant		3/13/24

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 925	<p>Continued From page 13</p> <p>he requested the resident be sent to the hospital. The facility honored his request, and the resident was sent a local hospital for evaluation. Upon further investigation by the facility, the resident had an incident on the previous shift, on November 11th at approximately 12:14 AM. At that time, insects were observed on the residence bed. The resident was given a bath and clothing was changed, her room was inspected and cleaned. All the bedding in the resident's room was removed and replaced with clean fresh bedding. A body audit was completed, and no insect bites were observed at that time and there were no complaints of pain and itching.</p> <p>An interview on 2/28/24 at 11:45 AM, with the Resident Representative (RR) of Resident #262 revealed that ants had been found in his wife's room during the night shift on 11/11/23. He commented that the resident had not wanted to be moved, so staff came in and sprayed and cleaned her room and made sure that ants were no longer there. The RR stated the following day or night, ants came in more this time than the first time and got in the bed with his wife and bit her around the groin area. He requested that his wife be taken to a hospital for the ant bites and to follow up on other issues. He confirmed his wife was moved the second time until the room was completely cleaned, and outside extermination had been completed. The RR commented that if more attention had been paid to his wife after the first incident, the second incident would not have happened.</p> <p>An interview on 02/28/24 at 1:01 PM, was conducted with the Maintenance Lead Tech (MLT). The MLT revealed that when was made aware of the incident, he did an initial walk</p>	F 925	<p>Director of Nursing initiated in-service on 11/11/23 to Certified Nursing Assistants on observing rooms for insects, open food containers, plates, cups and utensils. Report any findings to Director of Nursing and/or Assistant Director of Nursing immediately.</p> <p>Director of Nursing initiated room observations by Certified Nursing Assistants (CNA) on 11/12/23 daily for one week then weekly times 4 weeks on 100 hall to inspect for insects and to remove any open food, cups, plates and utensils, sealed containers were provided for open food items to be stored in rooms. Room observation findings were brought by DON to initial Quality Assurance Performance Improvement Committee (QAPI) meeting on 11/21/23 for review. An interdisciplinary team meeting was held on 12/14/23 to discuss all finding. On 3/12/24 all findings were reviewed during QAPi.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 925	<p>Continued From page 14</p> <p>through of the room and all the rooms on that side of the hall. The MLT stated that it had been raining and that had possibly led to the ants coming in from the outside of the building. The MLT revealed that all the patient's belongings were taken out of the room, the room was cleaned per their protocol and pest control was called in to further exterminate. He commented that he was told that the ants were seen on that Saturday, but the resident had refused to move. He stated that after the second incident, the resident was sent to the hospital and all belongings were removed from the room until further evaluation could be done. The MLT confirmed that the facility has an ongoing contract with a local pest control company.</p> <p>A record review of the facility's pest control contract revealed that the facility has an ongoing contract with a local pest control company. The contract was signed on 4/13/20. There were two recent visits made by the pest control company, as the company filled out a report of their inspection and activities related to the incident. There was a routine pest control visit made on 11/10/23, prior to the incident and a second visit made of 11/13/23, when the facility requested the company to come inspect the facility for insects and perform additional spraying.</p> <p>A record review of the progress note from the emergency room visit of Resident #262, dated 11/11/23, revealed, " ...Patient has a benign exam insect bites were confirmed on exam there is no acute emergent intervention required ... there is no acute cellulitis of the skin. I find no criteria for admission to the hospital ..." A review of the physical examination section of the document revealed, " ...Well nourished, in no apparent</p>	F 925			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 925	<p>Continued From page 15 distress ..."</p> <p>An interview on 2/29/24 at 10:07 AM, with the facility Administrator and Director of Nurses revealed that they were told about the incident by nursing staff. They confirmed that the incident as depicted in the investigation was an accurate account of the incident involving Resident #262. The Administrator revealed that since the resident refused to move after the first incident, due diligence had been done by the staff to make sure that there were no more pests in the room. However, after the second incident, they strongly encouraged the resident to take another room until pest control could come and complete a review of the environment. The DON confirmed that part of nursing assessment includes assessing the environment, and staff should look at the whole picture when checking on residents.</p> <p>An interview on 2/29/24 at 3:01 PM, with the facility Social Worker (SW), revealed, the resident was admitted 9/22/23. The Social Worker stated that the incident of Resident #262 involving ants was reported to her on that following Monday. She confirmed she did a follow up with the husband and the resident. However, she revealed that the resident has since been discharged from the facility to a nursing home located closer her family.</p> <p>A review of the facility's "Face Sheet" revealed the facility admitted the resident on 9/22/23, with diagnoses that included Acute Embolism and Thrombosis of Right Popliteal Vein. The discharge date noted on the form was 1/22/24.</p> <p>A review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date</p>	F 925			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525		
(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 925	Continued From page 16 (ARD) of 1/4/24, revealed Resident #262 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.	F 925			