STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	**1966 HILL DRIVE GRENADA, MS 38901**

(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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, record review, and facility policy review the facility did not report an allegation of abuse to the State Agency within two (2) hours after the incident reportedly occurred for one (1) of four (4) investigations. Resident #58	F 609	Preparation and submission of this plan of correction by Grenada Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The	8/22/24

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

Electronically Signed | 08/02/2024

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F 609	Continued From page 1 Findings include: Record review of the facility policy titled "Abuse Prohibition Policy" reviewed 5/17/24 revealed "1. Any employee who becomes aware of an allegation of abuse, neglect or misappropriation of resident property, shall report the incident to the Abuse Coordinator immediately. Failure to do so will result in disciplinary action up to and including termination..." On 7/16/24 at 8:35 AM, an interview with Nursing Assistant (NA) #1 revealed she and Certified Nursing Assistant (CNA) #1 were providing care to Resident #58 when he reached up and touched her breast. CNA #1 told him not to do that and removed his hand, he then grabbed her breast again and she held his wrist and hit him in the face with his hand. The NA confirmed she did not tell or report to anyone about the incident that day. NA #1 revealed she did tell a nurse the next day, she was aware she should have reported it immediately but did not because CNA #1 was around. On 7/16/24 at 9:00 AM, an interview with Registered Nurse (RN) #1 revealed she was asked by NA #1 to come in the room and help with care for Resident #58. CNA #1 was in the room when RN #1 entered. CNA #1 left the room to get a clean sheet and gown for the resident and then when she returned, she assisted in positioning the resident. RN #1 confirmed NA #1 did not tell her of the incident that allegedly just occurred, while they were alone in the room or any time during that day. RN #1 revealed NA #1 told her of the alleged incident the next day. On 7/17/24 at 8:15 AM, an interview with the	F 609	plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws. 1.Nursing Assistant#1 was in-serviced on 6/5/2024 by the Director of Nurses (DON) on timely reporting of abuse and neglect. 2. 88 residents had the potential to be affected. 3. Beginning 7/29/2024 Staff Development Nurse initiated an in-service with all staff on how to report abuse and neglect allegations. Staff will be educated to report any signs of abuse or neglect of a resident within 2 hours with an end date of 8/9/2024. All new hires will be in-serviced on how and when to report abuse upon hire. An in-service will be scheduled quarterly,thereafter or sooner if the need arises. 4. Beginning 8/2/2024, the Administrator (Adm), the Director of Nursing (DON), and the Assistant Director of Nursing (ADON) will interview five different staff members on the process of reporting abuse and/or neglect three times a week for 4 weeks. Five residents will also be interviewed a day to ensure that they have not reported any abuse or neglect three times a week for 4 weeks. Effective immediately, the Interdisciplinary Team (IDT) will observe staff interactions with residents as part of their routine rounds throughout the facility.	

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F 609	Continued From page 2 Director of Nursing (DON) revealed the facility was not aware of the alleged incident until the day after it reportedly occurred. Record review of the facility Disciplinary Action Record completed by the DON, revealed NA #1 was suspended pending investigation, due to not reporting an allegation of abuse observed by her on 6/4/24 until 6/5/24. The form revealed the expectations were NA #1 should report an allegation of abuse immediately. The Disciplinary Action Record dated 6/5/24 revealed the NA #1's signature.	F 609	If any concerns arise, the Administrator will be notified immediately and an investigation will begin promptly. Any such findings will be discussed in the clinical meetings that are held every morning. A report of any findings or improvements needed will be brought to the monthly Quality Assurance Program meeting; next meeting is scheduled for 8/20/2024.	