STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	**309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153**

(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 Complaint Investigations (CIs) at the facility on 9/12/24. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F921 related to CI MS #26044, CI MS # 26381 and CI MS #26436. CI MS # 26044 was investigated related physical environment regarding mold and odors. CI MS #26381 was investigated related to Physical Environment, Resident Safety, and Resident Rights. CI MS #26436 was investigated related to Physical Environment, Resident Death, and Falsification of Records. CI MS #26463 was investigated for Physical Environment related to pest control and no deficient practice was identified related to this complaint. The resident census was 93 and the facility had a license for 110 beds.	F 000		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to provide a safe, functional, sanitary, and comfortable environment as evidenced by resident rooms with excessive rust on the ceiling grids for two (2) of nine (9) resident rooms observed on the North Hall. Rooms 230 and 232	F 921	1. On September 16, 2024 the metal ceiling grids in room 230 and room 232 that were excessively discolored with rust have been painted. 2. The facility has determined all residents have the potential to be affected. 3. The Monthly Maintenance Inspection report was updated on September 13,	9/26/24

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

Electronically Signed | 09/25/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	**309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153**

(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 921	Continued From page 1 Findings Included: A review of the facility's policy, revised 9/2022, revealed, "It is the policy of this facility to provide services based on the following regulation ...Safe/Functional/Sanitary/Comfortable Environment ...The facility will provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public ..." On 9/12/24 at 11:15 AM, in an observation of Room 230 and Room 232 on the North Hall, the metal ceiling grids were excessively discolored with rust. The rusted areas were more excessive over the beds that were near the windows in the room. On 9/12/24 at 12:10 PM, in an interview and observation of Room 232 with Housekeeper #1, she confirmed the ceiling grids were excessively rusted. She explained she had worked on the North Hall for approximately one (1) month and had not noticed the rusted ceiling grids. On 9/12/24 at 2:15 PM, in an interview and observation of Rooms 230 and 232 with the Maintenance Director, he confirmed the ceiling grids were rusted and was unsure why the grids were more rusted in the two rooms above the beds than other places throughout the facility. He stated he felt like the rust was caused by using aerosol disinfecting products during the COVID-19 pandemic. He explained he would repair the grids and that he had not gotten to it yet. On 9/12/24 at 4:15 PM, in an interview with the Administrator, she explained she was not aware of the rusted ceiling grids in the rooms but	F 921	2024 to audit each wing including rooms and hallways for signs of rust discoloration on ceiling grids. On September 16, 2024 maintenance performed inspection of resident rooms to check for rust or discoloration on ceiling grids and identified rust on ceiling grids in rooms 213, 125, 116, and in Women's Visitor Bathroom. Maintenance painted ceiling grids in rooms 213, 125, 116, and in Women's Visitor Bathroom on September 16, 2024. 4. Maintenance will monitor ceiling grids for rust and will paint or repair any findings during maintenance monthly inspection and will indicate the findings on the Monthly Maintenance Inspection Report beginning September 16, 2024 and monthly thereafter. Maintenance Director will present the inspection report to the Quality Assurance Performance Improvement Committee monthly for 3 months to ensure continued compliance. First Quality Assurance Performance Improvement meeting to review monthly inspection reports will be September 26, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	**309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153**

(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 921	Continued From page 2 acknowledged the facility utilized aerosol disinfectant during COVID-19.	F 921		