STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	**103 CUNNINGHAM DRIVE RIPLEY, MS 38663**

(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 two (2) complaint investigations (CI MS #26477 and CI MS #27039) at the facility from 11/18/24 through 11/19/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550 for resident rights. The census at the time of the survey was 46 and the facility held a license for 60 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		12/6/24

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

Electronically Signed | 12/06/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on staff and resident interview, record review, and facility policy review, the facility failed to ensure each resident was treated with dignity and respect for seven (7) of 16 residents sampled. Residents #3, #4, #5, #6, #7, #9, and #10. Findings include: Record review of facility policy titled, "Resident Rights and Dignity Management - Dignity" dated 5/22, revealed, "It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintains or enhances resident's quality of life by recognizing each resident's individuality. 1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights at all times. ... 5. When interacting with a resident, pay attention to the resident as an	F 550	1. On 11/18/2024, grievances were reported by Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #9, Resident #10. The reported grievances stated that Certified Nursing Assistant (CNA) #1 talked and treated them inappropriately. As a result of these allegations reported on 11/18/2024, Certified Nursing Assistant (CNA)#1 was placed on suspension pending investigation. Certified Nursing Assistant (CNA) #1 was terminated on 11/21/2024, as a result of the investigation findings. Resident #3, Resident #4, Resident #5, Resident #6, resident #7, Resident #9, and Resident #10 grievances were investigated and resolved. The Director of Nursing and facility Administrator interviewed each resident again on 11/20/2024 with no new concerns or grievances to report. 2. All residents have the potential of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 550	Continued From page 2 individual. ... 9. Speak respectfully to residents ... 10. Respect the resident's living space and personal possessions. ... 14. 'Treated with dignity' means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. 15. Staff shall speak respectfully to the residents at all times, including addressing the resident by his or her name of choice and not labeling or referring to the resident by his room number, diagnosis or care needs. ... 20. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed. 21. Staff shall treat cognitively impaired residents with dignity and sensitivity." Record review of facility policy titled, "Resident Rights and Dignity Management - Resident Rights" dated 5/2022, revealed, "Employees shall treat all residents with kindness, respect and dignity". Record review revealed that the State Agency (SA) received an anonymous complaint that stated that Certified Nursing Assistant (CNA) #1 was verbally and mentally abusing residents and the staff had reported it many times to the Administrator but nothing had been done. Resident #3 An interview with Resident #3 on 11/18/24 at 10:30 AM, revealed CNA #1 had a "bad attitude problem". She stated several weeks ago, CNA #1 came into her room and had pushed the lift towards her and she had to stop it with her foot to keep it from hitting her. She stated she told the CNA to be careful, but she acted like she did not even care. She stated the facility was her home	F 550	being affected by this practice of resident rights not being honored and or exercise of Resident Rights. On 11/20/2024, the Administrator and Director of Nursing (DON) identified and interviewed a total 25 of 47 residents who had the ability of being interview regarding the reporting of Certified Nursing Assistant (CNA#1) allegedly speaking inappropriately to residents. 3. The Administrator and Director of Nursing interviewed 25 residents to note any additional violation of Resident Rights on 11/20/2024. No other grievances were reported at the time. On 11/20/2024 additional education on the Resident Rights Standard was provided to 7 of 7 dietary staff, 6 of 6 housekeeping staff, 2 of 2 maintenance staff, and 36 of 37 nursing department staff by the Nurse Educator. the one nursing staff will be inservice before next schedule shift. On 11/20/2024 the QAPI committee reviewed the Resident Right Standard and no recommended changes were made to the standard. All new hire employees will receive training on Resident Right Standard and Customer Service upon hire, annually and as need basis. Multiple training session were provided by Corporate Compliance Officer on 12/3/2024 and 12/4/2024 on Resident Rights Standard focusing on Dignity and respect and Customer Service Creating a Culture of Hospitality. All resident right concerns identified will be placed on the grievance concern log and will be maintained by Social Services Director. Logs will be reviewed at least monthly by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 550	Continued From page 3 and she had the right to feel cared for and to not have to deal with a "grumpy worker with a mean attitude". She stated she had talked to the Social Worker and the Administrator about this. Record review of the "Admission Record" revealed the facility admitted Resident #3 on 7/20/17. Record review of Resident #3's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/22/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #4 An interview on 11/18/24 at 10:45 AM, with Resident #4 revealed, "We have one CNA here that is a wild one" and her name is (proper name for CNA #1). She stated when she has asked her to do things for her that she would often ignore her or make rude comments like "What do you want now." She stated she did not feel that it was at the level of abuse and was not afraid of here, but she felt that her rights as a resident to be treated with dignity and respect were not honored by this CNA. She stated she had talked with the Social Worker in the past about these concerns with CNA#1. Record review of the "Admission Record" revealed the facility admitted Resident #4 on 7/26/23. Record review of Resident #4's MDS with ARD of 11/5/24 revealed a BIMS score of 15 which indicated the resident was cognitively intact.	F 550	the Quality Assurance Performance Committee. 4. The facility charge nurse as assigned will make weekly staff observation round on 2 staff member on all shifts for 30 days beginning 11/20/2024 and then monthly for three months to ensure customer service is being perform by all staff. The Director of Nursing or the Social Service Director will conduct four resident interviews weekly for 30 days beginning 11/20/2024 and then monthly for three months to ensure compliance with the Resident Right Standard. Any concerns noted will be logged immediately and reported to the Facility Administrator for evaluation and correction in compliance with reporting requirements. The findings of the interviews will be reported to Quality Assurance Committee beginning 12/5/2024 and then monthly times 3 months. The interviews will be reviewed by the Interdisciplinary Team and Quality Assurance Committee which consists of the Administrator, Director of Nursing, RN Supervisors, Dietary Manager, Nurse Educator, Medical Records Nurse, Social Service Director, Activity Director, and Medical Director to ensure compliance with reporting alleged reportable incidents. The Quality Assurance Committee will make necessary recommendations as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 550	Continued From page 4	F 550		

Resident #5

During an interview on 11/18/24 at 10:48 AM, Resident #5 stated CNA #1 had a "bad attitude" and had been rude and disrespectful to her. She stated, "It might just be her way, but I don't like to be talked to like that." She also stated that "Respect was not in (proper name removed) CNA #1's repertoire." She stated, "I tell the staff that I might be old but there is not a damn thing wrong with my mind". She stated that she did not feel that this was verbal abuse but being treated disrespectfully in her own home did go against her rights as a resident of the facility.

Record review of "Admission Record" revealed the facility admitted Resident #5 on 3/25/16.

Record review of Resident #5's MDS with ARD of 10/28/24 revealed a BIMS score of 15 which indicated the resident was cognitively intact.

Resident #6

During an interview on 11/18/24 at 11:15 AM, Resident #6 revealed some staff are just "awful" and will not listen to him. He stated, "They just do what they want to do". He stated he told them to "Give me their ear and listen to what I'm trying to tell them instead of doing what you want to do for me". He stated he had told CNA #1 and others that "I'm going to the boss and tell him, and they tell him to go ahead and tell him and they will tell on me too". He also stated that CNA #1 told him he needed to go somewhere else since he could do some of his own care, and he told her this was his home, and he had the right to be there. He stated he had mentioned these concerns to the Social Worker and to the Administrator. He

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 550	Continued From page 5	F 550		

stated he did not feel abused, but he did feel very disrespected by CNA #1.

Record review of "Admission Record" revealed Resident #6 was admitted to the facility on 12/6/19.

Record review of Resident #6's MDS with ARD of 10/21/24 revealed a BIMS score of 13 which indicated the resident was cognitively intact.

Resident #7

During an interview on 11/18/24 at 11:30 AM, Resident #7 revealed that CNA #1 "Smarts off to me all the time." He stated he did not remember what was said each time, but did know she was very rude and mean, not abusive, but definitely not nice. He stated she also put his meal tray down roughly and it fell on him. He stated that she also complained a lot about having to reposition him and adjust his bed with the manual crank.

Record review of "Admission Record" revealed the facility admitted Resident #7 on 4/17/24.

Record review of Resident #7's MDS with ARD of 10/4/24 revealed a BIMS score of 8 which indicated the resident had moderate cognitive impairment.

Resident #9

During an interview on 11/19/24 at 2:00 PM, Resident #9 revealed some of the staff had been disrespectful to her. She stated she had pressed the call light for assistance and a staff member came in and asked what she needed now in a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 550	Continued From page 6	F 550		

rude and mean way and then made comments about how the room smelled awful. She stated she could not help that she could not control her bowels or bladder and for the staff to say that was very disrespectful to her and it was not treating her with dignity. She stated she had the right to be treated with dignity and respect and making comments like that was not acceptable.

Record review of "Admission Record" revealed the facility admitted Resident #9 on 2/12/18.

Record review of Resident #9's MDS with ARD of 9/13/24 revealed a BIMS score of 15 which indicated the resident was cognitively intact.

Resident #10

An interview on 11/19/24 at 2:10 PM, with Resident #10 revealed some of the staff had "bad attitudes" and treated him and other residents disrespectfully. He stated one nurse was rude and he felt that she always questioned what he said he needed. He stated he received the care needed but at times it was with attitude and "those with bad attitudes either need to be respectful or go home."

Record review of "Admission Record" revealed the facility admitted Resident #10 on 7/25/24.

Record review of Resident #10's MDS with ARD of 9/27/24 revealed a BIMS score of 12 which indicated the resident had moderate cognitive impairment.

Record review of the "Grievance Log" for the past six (6) months did not reveal any of the concerns voiced by these residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	**103 CUNNINGHAM DRIVE RIPLEY, MS 38663**

(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 550	Continued From page 7	F 550		

Interview on 11/18/24 at 11:45 AM, with CNA # 2 stated CNA #1 was loud and her voice carried.

Interview on 11/18/24 at 11:55 AM, with the Registered Nurse (RN) supervisor, stated she works both rotations, so she is aware of most of the staff and CNA #1 is thorough and gets the job done but she is loud and sounds blunt when talking and does not have a friendly tone.

Interview on 11/18/24 at 1:40 PM, with CNA #3, stated at one time, CNA #1 was "kinda shaky" with the way she would talk, not abusive, but rude. She stated she is loud and rough and sounds mean and disrespectful but she had been trying to talk softer and kinder and she "has made a complete turnaround". CNA #3 stated that CNA #1 would do good care for her residents but not with a friendly attitude.

Interview on 11/18/24 at 1:48 PM, with Licensed Practical Nurse (LPN) #1 stated she works with CNA #1 almost every shift since they are on the same rotation and she had never heard her say anything that was mean or disrespectful to a resident, but that she does have a "higher volume of speech."

Interview on 11/19/24 at 10:50 AM, with CNA #1 confirmed that she has a loud voice, and it carries and she knows she sometimes sounds grumpy, but that is the way her voice is. She stated that she takes care of her residents and tries to do what she can for them to meet their needs. She acknowledged that she may appear rough and loud, but she tries to do her job in a good way and that she just thinks her voice is loud.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	**103 CUNNINGHAM DRIVE RIPLEY, MS 38663**

(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 550	Continued From page 8 During an interview on 11/19/24 at 3:00 PM, the Director of Nursing (DON) confirmed that each resident has the right to be treated with dignity and respect and the facility failed to ensure that each resident's rights were honored. During an interview on 11/19/24 at 4:00 PM, the Administrator stated each resident deserves to be treated with dignity and respect and he confirmed that there were several residents that were not treated with dignity and respect and the facility failed to honor each of these resident's rights. He stated that the facility had recently investigated an allegation of abuse with CNA #1 but was not able to substantiate the allegation and it had been reported to the State Agency. He stated that the CNA was suspended while the investigation was going on but it was not related to these concerns. He confirmed that there was a witness to this recent allegation and that it just didn't occur after the statements were gathered.	F 550		