STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	133 PINE STREET HAZLEHURST, MS 39083

(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 re-certification survey at the facility from December 10, 2024, through December 12, 2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F565 and F584. The facility had a census of 47 and licensed for 55.	F 000		
F 565 SS=D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every	F 565		1/31/25

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

Electronically Signed | 12/27/2024

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F 565	Continued From page 1 request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and policy review, the facility failed to resolve resident council members' complaints regarding the lack of hot water in a timely manner for one (1) of two (2) halls. Findings included: A review of the facility's policy titled, "Conflict Resolution and Resident Complaint and Grievance Process," dated 09/06/2022, revealed, "It is this facility's commitment to safe, respectful, and high-quality care, all concerns brought to the organization's attention by residents/legal representatives shall be reviewed in a timely manner. This organization shall respond to such concerns in a timely, reasonable, and consistent manner. Concerns regarding care received shall include, but not be limited to, concerns over perceptions related to premature discharge ... All grievances shall receive immediate priority and must be investigated with efforts made toward resolution within 24 hours. If a grievance cannot be resolved within 24 hours, the grievance shall be referred as described below. This organization shall make every attempt to provide a response within seven (7) days of receiving a grievance ...	F 565	Our maintenance department replaced the affected water flow parts on 12/12/24. ¿ All Residents have the potential to be affected ¿ The administrator and staff educator will complete an in-service training by 1/5/25 with our Interdisciplinary team on our policy of Conflict resolution, Resident Complaint and grievance process, and the importance of addressing resident council complaints concerning a lack of hot water in a timely manner. We will ask in our Standup meeting, Mon - Fri, if we have any resident concerns and address them timely, to improve resident satisfaction. We will install a Suggestion Box, for staff residents and resident families, which will be available 24 hours each an every day for ideas how we can better serve our residents. ¿ The Maintenance Department started weekly audits on 12/12/25, with a minimum of six rooms, which will continue for seven consecutive weeks to ensure to our residents room hot water is working properly. ¿ All Audits will be reviewed by the Quality	

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F 565	Continued From page 2 If a grievance is not resolved, the investigation is not complete, or if the corrective action is still being evaluated within the seven (7) day timeframe, the facility shall send a response to the resident stating that the facility continues to work to resolve the complaint and the facility shall follow-up with another response within 24 hours ..." A review of the facility's policy titled, "Residents' Rights," dated 2020, revealed, "The residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility ... The resident has the right to a safe, clean, comfortable, and homelike environment, including receiving treatment and supports for daily living safely ... Grievances: The resident has the right to: a. Voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal ... b. The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have." A record review of the Resident Council's "Comments/Concerns/Suggestions," dated 10/29/2024, revealed residents complained that the hot water took too long to get hot, sometimes running for more than 30 minutes and only getting a little warm. Documentation on 11/26/2024 indicated the complaint was resolved. On 12/10/2024 at 10:50 AM, during an initial tour of the facility, Resident #21 requested that the hot water in her bathtub be turned on so the water in her sink would warm. The resident stated she had been complaining about the water not getting hot for the last three months. She explained she	F 565	Assurance Committee on 1/17/25 and every month until our substantial compliance has been achieved as determined by the committee.	

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F 565	Continued From page 3	F 565		

was wheelchair-bound, unable to transfer without assistance, and could not turn on the bathtub water herself. She reported having to wash her hands, face, and body in cold water.

On 12/11/2024 at 9:00 AM, during an interview, Certified Nursing Assistant (CNA) #1 confirmed she had to retrieve hot water from the soiled utility room to provide incontinent care for residents on the west wing. She reported that staff had informed maintenance about the issue several times with no resolution. CNA #1 stated residents had to wash their hands and face in cold water and confirmed she had to turn on the bathtub water before the sink water would get warm.

On 12/11/2024 at 10:00 AM, during a meeting with the resident council members, residents explained all concerns had been resolved except for the issue with the hot water taking a long time to get warm. Resident #21 stated staff had to turn on the bathtub water in her bathroom before the sink water would warm, which she could not do herself. She reiterated having to wash her hands, face, and body in cold water.

On 12/11/2024 at 11:30 AM, during an interview, the Activity Director confirmed residents on the west wing had complained about the water not getting hot. She explained she documented the issue as resolved because Resident #21 did not attend the November Resident Council Meeting, and no other residents brought up the concern. She acknowledged she did not confirm with residents that the issue had been resolved.

On 12/12/2024 at 9:00 AM, during an observation with Licensed Practical Nurse (LPN) #1, the hot water in Resident #21's room ran for 15 minutes

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F 565	Continued From page 4	F 565		

without getting warm. LPN #1 explained that staff had to retrieve hot water from the soiled utility room to assist residents with warm bed baths. She confirmed the water in the residents' rooms barely got warm, even when it eventually warmed.

On 12/12/2024 at 10:30 AM, during an observation of water temperature checks and interview, the Maintenance Director confirmed he was aware the hot water was not getting hot on the west wing. He stated he notified a plumbing company on 12/05/2024, which identified a sticking water pump outside the hot water heater. He reported that the facility had ongoing issues with hot water for two to three months and admitted he had not yet called the plumber for further repair. The Maintenance Director stated he turned up the water temperature in an attempt to fix the problem and would turn on Resident #21's bathtub water each morning to ensure warm water for her. The Maintenance Director verified the water temperature in the sink at 80 degrees Fahrenheit.

On 12/12/2024 at 11:00 AM, during an interview, the Director of Nursing (DON) confirmed she was aware of the hot water issue and assumed the Maintenance Director had resolved the problem.

On 12/12/2024 at 12:15 PM, during an interview, the Administrator confirmed she was aware of the complaint about the hot water not getting hot on the west wing. She stated she believed the Maintenance Director resolved the issue by increasing the water temperature. She was unaware that residents had to turn on the bathtub water to get hot water in the sink and stated she would contact the plumber immediately.

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F 584	Continued From page 5	F 584		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to	F 584		1/31/25

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F 584	Continued From page 6 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review the facility failed to maintain a safe and clean environment related to a leaking roof, damaged ceiling tiles, and thick, black, wet biological growth in air vents for two (2) of three (3) days of observation.. Findings included: On 12/10/2024 at 10:30 AM, during an observation and interview, Resident #35's room was observed to have a leaking roof near the entranceway, with a blanket draped on the floor. Resident #35 reported that the ceiling was leaking from the light fixture in the entranceway to his room but stated the leaks were not near his bed or where he sits to watch TV. On 12/10/2024 at 10:37 AM, during a facility-wide observation, leaks were observed at various spots throughout the ceiling. Black biological growth was visible in the air vents throughout the facility. On 12/11/2024 at 11:42 AM, during an interview with the Maintenance Director, he acknowledged that the roof was actively leaking throughout the facility and reported that the roof had been leaking for about a year. The Maintenance Director stated his department had been patching areas "here and there" and confirmed the presence of black biological growth in the air vents, which he attributed to moisture in the	F 584	. All vents throughout our facility were cleaned by our maintenance crew on 12/12/24. Weekly monitoring started on 12/20/24 to ensure all ceiling vents are clean. Roofing vendor was contacted on 12/12/24 and immediately repaired leaking in room of resident #35. Facility roof was inspected on 12/16/25 by our roof vendor and they have been contracted to correct any other roofing concerns asap, no later than 1/31/25. All water stained tiles in the room of resident #35 room were replaced on 12/12/24 by our maintenance team. We started 12/12/24 conducting a 100% audit of all facility ceiling tiles, and started immediately replacing all tiles that were stained. All weekly audits will be reviewed by our Quality Assurance Committee on 1/17/25 and continue until we have achieved Corrective Action Completion date 1/31/25. Starting 1/6/25 all Directors will be making Angel Rounds, which is resident room checks, focusing on identifying any tile discoloration. . All Residents have the potential to be affected . All staff will be in serviced by 1/5/25 by the administrator and Staff Educator on the importance of notifying the Maintenance department when leaks are noted throughout the facility.	

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F 584	Continued From page 7 ceiling. He reported plans to clean the air vents to remove the biological growth and stated that the Chief Operating Officer (COO) had planned for a new roof for the facility. On 12/11/2024 at 12:00 PM, during an interview, the Administrator acknowledged that the facility had active leaks throughout the building and confirmed the visible presence of black biological growth in the air vents. She stated that the COO had arranged for a roofing company to install a new roof on the building. The Administrator explained that she planned to consult with the roofers before cleaning the air vents because the moisture would persist until the roof was repaired. On 12/11/2024 at 12:14 PM, during an interview, the COO acknowledged that the roof had been leaking for about a year. He reported that the facility had applied for state grant funding to repair the roof but was denied. He stated this was the reason for the delay in roof repairs. The COO confirmed that the facility would now fund the repairs independently and reported speaking with a "local roofing company" in a nearby town to replace the roof but noted that a date for the roof replacement had not been determined. On 12/12/2024 at 10:12 AM, during a follow-up interview, the Maintenance Director reported that a roofing company was at the facility to patch and caulk areas above Resident #35's room. He confirmed that the company arranged by the COO would still replace the roof but was unable to provide a confirmed date for the replacement. A record review of Resident #35's "Admission Record" revealed the facility admitted the resident on 01/11/2021. The resident's diagnoses included	F 584	. The Maintenance Department started on 12/12/24 conducting weekly audits on six rooms for seven consecutive weeks to ensure we have no resident room ceiling leaks in our facility. In the absence of scheduled maintenance staff members, our administrator will be responsible for these weekly audits. All Audits will be reviewed by the Quality Assurance Committee on 1/17/25 and continue until we have achieved substantial compliance as determined by the committee. Corrective Action Completion Date 1/31/25.	

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F 584	Continued From page 8 Unspecified Dementia and Chronic Obstructive Pulmonary Disease (COPD). A record review of Resident #35's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/13/2024, revealed a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact.	F 584		