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COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs) at the facility from 01/06/25 through 01/09/25. The SA investigated CI MS #26789 for activities of daily living, transfer notice and dignity, CI MS #26809 for rights, quality of care and dignity, CI MS #26810 for abuse and rights, and CI MS #27323 regarding abuse, resident right and safety. There were no citations related to the CI's. The SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M640 and M1570 related to the annual survey.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		2/19/25

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M 500	Continued From page 1 nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately	M 500		

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M 500	Continued From page 3 with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on observations, staff interview and record review, the facility failed to ensure that the dignity	M 500	Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on	

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M 500	Continued From page 4 and respect of residents are upheld when feeding during mealtimes for one (1) of 26 sample residents reviewed. Resident #3 Findings includes: An observation and interview on 1/06/25 at 1:30 PM, revealed Certified Nursing Assistant #1 (CNA) assisting Resident #3 with lunch. This observation revealed CNA #1 was standing up while feeding the resident. During an interview with CNA #1 stated that she did not know that she was not supposed to stand up when feeding residents. On 01/07/25 at 12:50 PM, Charge Nurse #1 stated during an interview that she was unaware that staff should sit down when feeding residents. She acknowledged that standing while assisting a resident with meals could raise dignity concerns. On 1/7/25, at 1:04 PM, during an interview with the Director of Nursing (DON) emphasized that CNAs should always sit at eye level when assisting residents with meals. She explained that sitting down prevents residents from feeling intimidated by staff who are standing over them and this approach enables eye contact which helps residents feel more comfortable. She noted that this practice is important as it maintains the residents' dignity. A record review of Resident #3's "Admission Record" revealed the facility admitted the resident on 1/22/24 with diagnoses including Primary Generalized Osteo Arthritis and Cognitive Communication Deficit. A record review of Resident # 3's Minimum Data Set (MDS) with an Assessment Reference Date	M 500	1/10/2025 and based on the findings Certified Nursing Assistant #1 and Charge Nurse #1 were educated by the Director of Nursing (DON) on 1/7/2025 on maintaining dignity and respect for Residents ensuring staff are seated when feeding Residents. Resident #3 was informed of the right to have dignity and respect when being fed on 1/7/2025 by the Director of Nursing. Residents requiring Activity of Daily Living (ADL) assistance has the potential to be affected. Education was conducted by the Regional Director of Clinical Services (RDCS) on 1/7/2025 with the Executive Director (ED) and Director of Nursing (DON) on Resident Rights and Dignity with emphasis on staff sitting while feeding Residents.Education was initiated by the DON on 1/7/2025 with all staff on Resident Rights and Dignity with emphasis on Resident Rights and Dignity and staff sitting while feeding Residents. Staff will maintain Resident Rights and Dignity by sitting while feeding residents at the level of the resident.New hired staff will be educated during orientation. Quality Monitoring through observation was started on 1/10/2025 by the Executive Director and will be conducted with a sample of 10 Residents requiring feeding assistance daily for 2 weeks, then a sample of 5 residents 3 times weekly for 2 weeks; a sample of 5 residents weekly for 2 weeks; then monthly thereafter for 3	

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M 500	Continued From page 5 (ARD) date of 10/25/24 revealed a Brief Interview for Mental Status (BIMS) of 03 indicating the resident was severely cognitively impaired. Section GG revealed substantial maximum assistance with eating.	M 500	months. Findings will be reported to the Quality Assurance Committee monthly beginning 2/12/2025 by the Director of Nursing then 3 months thereafter.	
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to securely safeguard hazardous chemicals in two unlocked janitor's closets for one (1) of four (4) days of survey. Findings Include: Review of the facility ' s policy, "Overview of Proper Chemical Use," revised 6/2016, revealed, "In order to help prevent accidents from occurring you must follow the following guidelines: 6. If you leave chemicals in the janitor's closet the door must be locked ..." An observation on 01/06/25 at 10:30 AM, revealed the "Janitor Closet" on the 200 hall was unlocked and there was a full bottle of 3M Concentrated Glass Cleaner in the closet.	M 640	Root Cause Analysis was conducted on 1/9/2025 by the Interdisciplnary Team and based on the findings a new continious lock door handle was installed on the 2 janitor closets doors by the Maintenance Supervisor on 1/9/2025. All residents have the potential to be affected. Education with the Housekeeping Staff was conducted by the Environmental Services Supervisor on 1/15/2025. All storage areas with chemicals stored will be kept locked at all times. Education with all staff was conducted by Director of Nursing, Assistant Director of Nursing and Unit Managers that all chemicals are stored behind locked doors on 1/30/2025. Quality monitoring will be conducted by	2/19/25

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M 640	Continued From page 6 An observation on 01/06/25 at 11:19 AM, revealed the "Janitor Closet" on the Intermediate Care (IC) Hall was unlocked and unattended and there were containers of 3M Concentrated Glass Cleaner and 3M Quat Disinfectant. On 01/07/25 at 3:19 PM, during an interview, Housekeeping Supervisor #2 confirmed that the "Janitor Closet's" were unlocked. She also confirmed that these rooms were used to store housekeeping carts containing chemicals and cleaning supplies, posing a potential safety hazard, especially for cognitively impaired residents. She disclosed the "Janitor Closet" doors were keyed. However, she did not possess keys to ensure they remained locked. She revealed that maintenance issues are usually given to maintenance verbally, but she had not notified maintenance of these doors being unlocked but would ask a nurse to notify them. An interview on 01/07/25 at 3:37 PM, with Maintenance Staff #1 revealed that he was unaware of the problems with janitor closets not locking until today. He confirmed that the janitor closets were used to store carts containing chemicals and cleaning supplies, emphasizing the potential safety concern this posed, particularly for residents that are cognitively impaired. An interview on 01/08/25 at 1:45 PM, the Director of Nursing (DON) confirmed that unlocked rooms storing cleaning supplies was a safety issue for residents particularly those that were identified as wanderers and should remain locked. An interview on 01/09/25 at 10:00 AM, the Administrator confirmed not properly securing the janitors closets that housed chemicals posed a	M 640	observation by Environmental Services Supervisor, Executive Director, Maintenance Supervisor or Environmental Services Assistant Supervisor daily for 3 months starting 1/10/2025. Findings will be reported to the Quality Assurance Committee starting 2/12/25 and presented by the Environmental Services Supervisor for 3 months.	

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M 640	Continued From page 7 potential hazard, especially for cognitively impaired residents. She continued by admitting that any maintenance issue should be clearly communicated and corrected. A record review of the "Safety Data Sheet", dated 6/5/24, revealed "Glass Cleaner Concentrate" had a "Hazard identification" classification that indicated "Serious Eye Damage/Irritation." Review of "Handling and storage" revealed "Precautions for safe handling" included "Keep out of reach of children ..." A record review of the "Safety Data Sheet", dated 10/9/18, revealed "Quat Disinfectant Cleaner Concentrate ' had a "Hazard identification" classification that indicated "Serious Eye Damage/Irritation" and "Skin Corrosion/Irritation" and "May cause chemical gastrointestinal burns." Review of "Handling and storage" revealed "Precautions for safe handling" included "Keep out of reach of children ..."	M 640		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a	M1570		2/19/25

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M1570	Continued From page 8 mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and policy review, the facility failed to prevent the possibility of the spread of infection as evidenced by improper hand hygiene practices and wound care for three (3) of six (6) direct care observations. (Resident #3, Resident #64 and #66) Findings included: Record review of the facility's "Handwashing Hand Hygiene" policy, revised August 2019 revealed "Policy Statement The facility considers hand hygiene the primary means to prevent the spread of infection. Policy Interpretation and Implementation ... 2. All personnel shall follow the handwashing hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sink, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use..." Record review of the facility's policy titled	M1570	Root Cause Analysis was conducted by the Interdisciplinary Team on 1/10/2025 and based on the findings perineal care was provided with the appropriate Infection Control Techniques for Resident #3, and wound care with appropriate Infection Control Techniques were provided for Resident #64 and #66 by the Director of Nursing on 1/8/2025. Resident requiring Activities of Daily Living assistance for incontinence and Residents requiring wound care have the potential to be affected. Education with the Licensed Nurses, Certified Nursing Assistance and the Infection Preventionist was conducted by the Director of Nurses or Unit Managers on 1/16/2025 regarding Infection Control practices to prevent the spread of infection while providing wound care and perineal care with emphasis on Hand Hygiene, Clean Dressing changes and Cross Contamination.New hires will be educated during orientation.	

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M1570	Continued From page 9 "Dressing, Dry Clean," revised September 2013, revealed, " ... Steps in the Procedure ...15. Cleanse the wound with the ordered cleaner. If using gauze, use a clean gauze for each cleaning stroke. Clean from the least contaminated to the most contaminated area (usually, from the center outward). 16. Use a dry gauze to pat dry..." Resident #3 On 1/6/2025 at 11:00 AM, Certified Nursing Assistant (CNA) #1 and CNA #2 both entered the room, applied gloves, and began perineal care for Resident #3 without performing hand hygiene prior to applying clean gloves. CNA #1 pulled six (6) premoistened wipes from the packet and began cleaning the perineal area. When she ran out of wipes, she retrieved additional wipes from the packet twice with unclean gloves, touching the outside of the wipe packet during care. On 1/6/2025 at 11:29 AM, during an interview, CNA #1 confirmed that she forgot to wash her hands before starting care on Resident #3. She acknowledged that her actions could cause infection for the resident and that her failure to remove all needed wipes before starting care was an infection control issue, as she had touched the container with unclean gloves. On 1/6/2025 at 11:32 AM, during an interview, CNA #2 confirmed that she forgot to wash her hands before beginning perineal care for Resident #3. She confirmed her actions were an infection control issue. On 1/7/2025 at 12:52 PM, during an interview, Registered Nurse (RN) #1 stated the CNAs should have washed their hands before providing perineal care for Resident #3. She explained that	M1570	The Director Of Nursing, Unit Managers or Assistant Director Of Nursing will monitor Wound Care and Perineal Care through observation with a sample of 2 residents 3 times weekly for 4 weeks; then weekly for 2 months with emphasis on providing wound care and perineal care in manner to prevent the spread of infection. Findings will be reported to the Quality Assurance Committee by the Director of Nursing monthly starting 2/12/2025 and for 3 months thereafter.	

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CNA #1 should not have retrieved additional wipes with dirty gloves. RN #1 stated the CNAs caused cross-contamination and risked the spread of infection.

On 1/7/2025 at 1:07 PM, during an interview, the Director of Nursing (DON) confirmed that the CNAs actions represented an infection control issue. She emphasized that staff must wash their hands prior to care, when transitioning from dirty to clean tasks, and after care. She added that failure to follow these practices could result in the spread of infections

A record review of the "Admission Record" revealed the facility admitted Resident #3 on 1/22/2024 with diagnoses including Primary Generalized (Osteo) Arthritis and Cognitive Communication Deficit.

A record review of Resident # 3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 10/25/24 revealed a Brief Interview for Mental Status (BIMS) of 03 indicating the resident was severely cognitively impaired. Section GG indicated the resident was dependent for toileting hygiene.

Resident #64

On 1/8/2025 at 12:03 PM, during an observation, Registered Nurse (RN) #2 was observed providing wound care to Resident #64. RN #2 washed her hands and applied gloves. She removed a soiled dressing from the resident's right heel, did not change her gloves and then cleaned the wound. While cleaning the wound she used normal saline and a gauze in a circular motion five times, alternating between dirty to clean and clean to dirty without changing the

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gauze. She removed a heavily soiled dressing from the sacral area and placed it in a biohazard bag. She then cleaned the sacral wound in the same circular motion six times with the same gauze, again alternating between dirty to clean and clean to dirty and did not pat dry after cleaning as indicated in the physicians order.

On 1/8/2025 at 2:20 PM, during an interview, RN #2 confirmed that she should have performed hand hygiene and applied clean gloves after removing the soiled dressing. She also confirmed that she should not have cleaned the wound in a circular motion multiple times with the same gauze. She acknowledged that her actions could increase the risk of infection and delay wound healing.

A record review of Resident #64's "Order Listing Report" revealed a physician order dated 12/7/2024, "Wound care: Cleanse stage IV (4) pressure ulcer to sacrum with Dakins, pat dry with 4x4 gauze. Apply silver alginate to the wound bed, and cover with bordered gauze daily and prn (as needed.) Physician orders dated 12/13/2024 revealed "Wound care to Stage II (2) ulcer to R (right) heel with NS (normal saline), apply medi honey to the wound bed, cover with an ABD (abdominal) pad, and wrap with Kerlix. Changed daily and PRN (as needed.)

A record review of the "Admission Record" revealed the facility admitted Resident #64 on 1/24/2024 with diagnoses including Pressure Ulcer of the Right Heel, Stage 2 and Pressure Ulcer of the Sacral Region, Stage 4.

A record review of the MDS with an ARD of 11/28/2024 revealed Resident #64 was severely impaired for cognitive skills for daily decision

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(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) COMPLETE DATE
M1570	Continued From page 12	M1570		

making.

Resident # 66

An observation and interview on 01/08/25 at 10:59 AM, with RN #2 performing wound care on Resident #66 revealed that she donned clean gloves without performing hand hygiene prior to removing and performing wound care to the resident's right knee abrasion. Upon finishing this wound, she rolled resident to his right side, removed a dressing with a moderate amount of foul-smelling purulent discharge on a sacral unstageable pressure ulcer with the same gloves used to dress and undress the first wound. She then walked to the resident's door, turned open the doorknob with the soiled gloves. An interview with RN #2 confirmed that she had not changed gloves or performed hand hygiene throughout the two procedures and that she opened the door with unclean gloves. She confirmed that infection could be spread from one wound to the other making it harder to heal and that wearing gloves to open the door could spread infection.

An interview on 01/09/25 at 11:50 AM, with the DON confirmed that hand hygiene should be performed before and after completing wound care and before and after removing gloves. She confirmed that not doing this put the resident at risk of infection as well as increased difficulty in wound healing. She also confirmed that gloves should have been removed before touching a doorknob as that could increase the spread of infection throughout the facility. She further stated that it was her expectation that wound care would be performed according to guidelines for infection control and prevention.

Record review of "Admission Record" revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	57ME	A. BUILDING: _____ B. WING _____	C 01/09/2025

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M1570	Continued From page 13 the facility admitted Resident #66 on 02/23/23 with medical diagnoses that included Pressure Ulcer of Sacral Region Unstageable. Record review of Resident #66's MDS with an ARD of 10/19/24 revealed Section M revealed the resident has 2 pressure ulcers. .	M1570		