STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255161	A. BUILDING _____ B. WING _____	C 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	739 4TH STREET SOUTH BALDWYN, MS 38824

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification along with complaint investigation (CI MS #25852 and CI MS #26236) at the facility from 1/6/25 through 1/9/25. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA cited F550, F584, F641 and F851 during the survey. The SA found the facility was not in compliance for CI MS #25852 for environment and cited F584. The SA found the facility in compliance for CI MS#26236 related to mold in the building. The census at the time of the survey was 103 with a license for 107 beds.	F 000		
F 584 SS=D	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.	F 584		2/15/25

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

Electronically Signed | 01/20/2025

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F 584	Continued From page 1 §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 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, staff interviews, and facility policy review, the facility failed to provide a clean, safe, and homelike environment as evidenced by bugs in ceiling lights, walls and ceiling in disrepair, blind slats broken and bent, broken wood molding, unclean air/heating unit and floors for six (6) of 67 rooms in facility. Findings include: Record review of facility policy titled, " Resident Rights: Dignity and Respect", dated 2/12/24, revealed, "To provide the kind of care to our residents that should maintain and enhance their dignity, individuality, and quality of life by the following treatment. ... a living environment that is safe, clean, and comfortable".	F 584	1. Resident rooms A12, C14, E3, B7, B9, and B15 were immediately addressed (1/6/25-1/9/25) to provide a clean, safe, and homelike environment. EVS staff worked in conjunction on 1/8/2025 to address all concerns for rooms A12, C14, E3, B7, and B15. Checklist items such as sweeping, mopping, dusting, trash being emptied, and bathrooms being cleaned were utilized per policy on same day (1/8/2025). Workorders for facility operations were put in immediately following survey rounds (1/8/2025) by the EVS manager to address dirty/dusty air units as well as rooms A12, B7W, B15□s light fixture (bugs) that was completed on 1/9/2025 by the facility technician. Room	

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F 584	Continued From page 2 During an initial observation on 1/6/25 at 12:10 PM, room A-12 was noted to be in disrepair and had multiple areas of the room that had paint missing on the walls. Several areas of the room were observed that included an area by door measuring approximately eight (8) inches x 6 inches, an area near the bathroom counter measuring approximately four (4) inches x five (5) inches, and other smaller areas scattered around the room that were all missing paint. Approximately 15 dead bugs were observed in the ceiling light fixture and multiple water stains were covering most of the ceiling tiles. The wood molding on the center of the wall approximately shoulder high behind the resident's headboard was broken with a sharp point protruding from the wall surface. The window blinds were noted to be in disrepair with multiple bent and broken slats, along with dust and debris that was noted in the corners of the room and on edges of the floor around the floor molding. On 1/8/25 at 9:30 AM, during an interview and observation of room A-12, the Environmental Service (EVS) Manager confirmed the areas of concern in this room which included missing paint, water stains on ceiling tiles, bugs in light fixture, blind slats bent and broken, floor with dust and debris, and broken wood molding with sharp point that could cause an injury. She stated their process for repairs was for staff to note these concerns and notify her and she would put in a work order for maintenance and this process was not followed for this room. She confirmed the facility failed to maintain the room in good repair and to ensure each resident had a safe, clean, comfortable, and homelike environment.	F 584	C14 bathroom floors were immediately addressed following survey rounds by EVS staff same day (1/7/2025). Room E3W□s broken electrical outlet cover was replaced by the facility operations technician same day (1/6/2025), and a work order has been placed for the room to be painted. 2. All residents have the potential to be affected by this practice. All resident rooms were audited on 1/9/2025, by Baldwyn Leadership to assess for possible cleanliness and environment concerns. Upon audit the facility will address as required. 3. The Environmental Services Manager will in-service all EVS staff starting 1/14/2025 and to be completed by 2/15/2025. These in-services address the significance of providing a safe, clean, and homelike environment for each resident. 4. Baldwyn Leadership will utilize Angel Rounds and screen (3) residents□ rooms weekly for one month (January) starting 1/20/2025, then every two weeks for one month (February), and once monthly (March) for possible significant changes. The results based from verbal exit from the State Survey Team will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 1/28/2025. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 1/28/2025. Recommendations from this committee will be reviewed on the (1/28/2025) QAPI	

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F 584	Continued From page 3 During an interview on 1/8/25 at 11:20 AM, the Assistant Administrator confirmed the environmental and maintenance concerns for this room. He confirmed the facility failed to ensure each resident had a clean, safe, and homelike environment. ROOM #C-14 An observation in room C-14 bathroom on 01/06/25 at 9:55 AM and on 01/07/25 at 8:30 AM revealed a foul odor was noted. Further observations revealed there was an area measuring approximately one foot by one foot of yellow dried substance on the floor to the right of the commode in the resident's bathroom. An observation and interview with the Assistant Administrator on 01/07/25 at 3:35 PM in Room C-14, revealed that resident rooms and bathrooms were supposed to be cleaned every day. He agreed that the bathroom in room C-14 had an odor and confirmed that there was a dried yellow substance on the floor to the right of the commode. He revealed that he would get housekeeping in to mop it now. An interview with EVS Manager on 01/08/25 at 9:08 AM revealed that all resident rooms and bathrooms were supposed to be cleaned and mopped every day. She revealed that she wasn't sure why the floor in Room C-14 bathroom was missed and stated, "That's an issue with me." The EVS Manager confirmed that not mopping the bathroom in Room C-14 was not acceptable and she agreed that the room was not a clean, homelike environment for the resident. She also revealed that she would address this issue with her staff. ROOM #E-3	F 584	Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (April 2025 and August 2025) to ensure solutions are sustained.	

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An observation in Room E-3 on 01/06/25 at 11:45 AM revealed an area approximately two feet by three feet on the wall behind the resident's bed with paint scraped off, sheet rock peeling and an electrical wall outlet cover broken off with the left half missing.

An interview with Maintenance on 01/08/25 at 9:00 AM revealed that if staff noticed anything needing his attention in the facility, they put in a work order, and he got to it as soon as he could. He revealed that when he received work orders, he prioritized their needs and addressed the issues as soon as he could. Maintenance revealed that with the age of the building, it was hard to keep up. Maintenance confirmed that the wall behind the bed in Room E-3 was in disrepair and confirmed that the electrical wall socket cover was broken. He revealed that he had not received a work order on that room and would get it taken care of. He also agreed that room E-3 was not a homelike environment for the resident.

An observation in Room E-3 and interview with the EVS Manager on 01/08/25 at 9:15 AM, confirmed that the wall behind the head of the bed was in disrepair and in need of painting. She also confirmed that the electrical socket behind the bed was broken and needed to be replaced and revealed that she would put in a work order now. The EVS Manager revealed that any concerns with the building in need of repair were supposed to be reported to Maintenance and if he couldn't fix the problem, he contacted someone from the main unit. EVS Manager stated, "This should have been noticed and reported and we'll take care of it."

An interview with the Administrator on 01/08/25 at

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F 584	Continued From page 5	F 584		

10:45 AM, revealed that it was the responsibility of anyone who noticed a problem to put a work order in to maintenance. He revealed that this was an older building with challenges and stated, "We need to put work orders in and follow up."

ROOM B-7, B-9 AND B-15

An observation of room B-7 on 1/06/25 at 9:30 AM revealed a clear rectangular ceiling light covering with 12 dead brown insects inside.

An observation of room B-9 on 1/06/25 at 9:46 AM revealed the outer plastic airflow vent on the air/heat unit was covered in a black and white substance that was in a droplet pattern.

An observation of room B-15 on 1/06/25 at 11:51 AM revealed two clear rectangular ceiling light coverings with 15-20 dead brown insects inside.

An observation and interview with EVS Manager on 1/8/25 at 9:30 AM revealed housekeeping was responsible for cleaning all the resident rooms every day. She explained that cleaning involved sweeping, mopping, dusting, emptying the garbage and whatever else that was needed. She revealed that the rooms were deep cleaned once weekly, which was a more in-depth cleaning such as wiping down the mattresses. The EVS Manager revealed the facility just started doing "angel rounds" a couple of weeks ago, which entailed an assigned staff member to every room to do a daily walkthrough and to look for any environmental concerns. She revealed if the residents had a complaint about their room or an issue was identified, a work order must be completed for maintenance to be fixed. She revealed after maintenance resolved the issue,

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F 584	Continued From page 6 he was required to sign off on the work order to show completion. During a walkthrough of rooms B-7 and B-15, the EVS Manager confirmed the dead insects in the ceiling light covers and stated, "That's some kind of bug." She revealed maintenance would be responsible for cleaning the light covers. She explained that any staff member who noticed a concern could have reported the issue. During a walkthrough of room B-9, the EVS Manager confirmed the air/heat unit vents were covered in a black and white substance. She explained it could be coming from a dirty filter. She revealed housekeeping was responsible for cleaning the vents daily with a Swiffer duster, and maintenance was responsible for changing and cleaning the filter. The EVS Manager confirmed her expectations were for the residents to have a clean, safe environment.	F 584		