STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 five (5) Complaint Investigations (CI MS# 27427, CI MS #27866, CI MS #27934, CI MS #28344, and CI MS #28380) at the facility on 03/25/25 through 03/26/25. During the survey the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified non-compliance and cited F656 and F677 for CI MS #27427, CI MS 28380 and CI MS #27866 regarding Activity of Daily Living (ADL) needs. The SA investigated CI MS #27934 and CI MS #28344 with no deficiencies cited. The census at the time of the survey was 84 and they held a license for 106 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights	F 656		5/1/25

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

Electronically Signed | 04/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 656	Continued From page 1 under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review and facility policy review the facility failed to implement a comprehensive care plan for residents with personal hygiene needs for two (2) of six (6) sampled residents. Resident #5 and Resident #6. Findings Include: Record review of the undated facility policy, "Comprehensive Care Plans" revealed, "It is the	F 656	This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements and State licensure requirements. Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 656	Continued From page 2 policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs..." Resident #5 On 03/25/25 at 11:30 AM, an interview with Resident #5 revealed she did not get her shower on Saturday, 03/22/25, and she hadn't had a shower since last Thursday, 03/20/25. She revealed that she had missed several showers and stated, "I've been averaging about one shower a week this month." Resident #5 revealed that her scheduled shower days were Tuesdays, Thursdays and Saturdays. She also revealed that she kept it in her calendar, and had it written down that she got a shower on 03/04/25 and did not get her next shower until 03/13/25 which was over a week later. Record review of Resident #5's "Continuous Pressure Ulcer Monitoring" Sheets which they used for keeping track of resident baths/showers revealed that she got her scheduled showers on 03/04/25, 03/13/25, 03/15/25, 03/18/25, and 03/20/25. Resident #5 did not receive her shower on 03/06/25, 03/08/25, 03/11/25, and 03/22/25. Record review of Resident #5's "Care Plan" initiated on 11/12/24 revealed that she had an Activity of Daily Living (ADL) self-care performance deficit related to weakness and had interventions in place that included she required assistance at times with bed mobility, transfers, dressing, toileting, hygiene, bathing and set up assist with eating.	F 656	This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law and the State licensure program. 1. Resident #5 received a shower on 3/25/25. Resident #6 received a shower on 3/25/25. Documentation of this was verified by the Administrator on 3/26/25. 2. The Center acknowledges that all residents have the potential to be affected by this deficient practice. A 100% resident shower/bath documentation audit was completed on 3/28/25 by the Administrator to identify other residents who did not have documentation of a shower or bath provided as scheduled and corrective action was taken to ensure appropriate resident hygiene. 3. An education inservice will be completed for Certified Nursing Assistants (CNAs) by 4/30/25 by the Staff Development Coordinator (SDC) on providing assistance with Activities of Daily Living (ADLs), following the care plan for each resident, completion of resident showers and baths to maintain appropriate hygiene, and appropriate documentation of the shower or bath. On 4/14/25, Resident shower/bath schedules were entered by the Administrator into the electronic medical record (EMR), PointClickCare (PCC), as a custom care task requiring responses and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 656	Continued From page 3 Record review of Resident #5's "Admission Record" revealed an admission date of 11/08/24 with diagnoses that included Chronic Obstructive Pulmonary Disease, Muscle Weakness, and Need for Assistance with Personal Care. Record review of Resident #5's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 02/11/25 under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 13 which indicated that she had no cognitive deficits. Resident #6 On 03/25/25 at 2:55 PM, an interview with Resident #6 revealed that his scheduled shower days were Mondays, Wednesdays and Fridays. He revealed that he did not get a shower yesterday, 03/24/25 and he couldn't remember getting a shower at all last week. He revealed that he used to get his showers every Monday, Wednesday and Friday and now it was every once in a while. Record review of Resident #6's "Continuous Pressure Ulcer Monitoring" sheets which were used as bath and shower sheets revealed that he received showers on 03/03/25, 03/06/25, 03/11/25, 03/12/25, and 03/13/25 in the month of March. There were no other showers documented for Resident #6. Record review of Resident #6's "Care Plan" initiated on 09/28/22, revealed that he had an "ADL self-care performance deficit related to Left Sided Hemiplegia, Impaired balance, Limited Mobility and history of Cerebrovascular Accident."	F 656	allowing for electronic monitoring. The Director of Nursing, beginning 4/15/25, will review the completion of the shower tasks as part of the daily clinical start-up meeting to identify any residents without documentation of a shower or bath being offered. 4. Beginning 4/1/25, a resident shower/bath documentation audit will be completed by the Administrator 5 x (times) per week x 4 weeks, then 3 x week x 3 weeks to ensure that residents are receiving activities of daily living (ADL) assistance as necessary and that resident comprehensive care plans are implemented for residents to maintain appropriate hygiene. Beginning 4/9/25, Registered Nurse Unit Managers will complete interviews with 12 residents 2 x per week x 7 weeks to ensure appropriate resident hygiene is maintained. If a resident has a BIMS score (Brief Interview for Mental Status) of less than 8 or is unable to be interviewed, a body audit will be conducted by the Registered Nurse Unit Manager to ensure appropriate hygiene. The results of these audits will be brought to the Quality Assessment Performance Improvement (QAPI) Committee meeting x 2 months beginning April 30, 2025, for review and further corrective action as necessary to maintain sustained compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 656	Continued From page 4	F 656		

His interventions included that he required "extensive assistance to dependence with ADL's."

Record review of Resident #6's "Admission Record" revealed an admission date of 09/12/22 and that he had diagnoses that included Cerebral Infarction, Hemiplegia and Hemiparesis following Cerebral Infarction, and Need for Assistance with Personal Care.

Record review of Resident #6's MDS with ARD of 02/11/25 under Section C revealed a BIMS Score of 15 which indicated that he had no cognitive deficits.

On 03/25/25 at 3:35 PM, an interview with the Certified Nursing Assistant (CNA) Supervisor confirmed that according to the resident interviews and the review of the shower sheets, that Resident # 5 and Resident # 6 were missing showers for the month of March 2025. CNA Supervisor confirmed that Resident #5 and Resident #6 were both cognitively intact and since they reported not getting some of their showers and with the missing shower documentation sheets, they probably did not get their showers as scheduled. She also agreed that they needed a better system for tracking to ensure that baths, showers, and personal care were being completed and documented.

An interview on 03/26/25 at 11:10 AM with Registered Nurse (RN) Supervisor, revealed that the purpose of the care plan was to know the complete plan of care and what was required to take care of their individualized needs of Resident #5 and Resident #6. She revealed that the care plan included what was allowed, what each resident preferred, safety measures, overall ADL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 656	Continued From page 5 care, and how they transferred. She revealed that the care plan was the complete picture of that resident. RN Supervisor confirmed that since Residents #5 and Resident #6 missed their scheduled showers, their ADL care plans were not followed.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, record review and facility policy review the facility failed to provide care to maintain personal hygiene for two (2) of six (6) residents reviewed for Activities of Daily Living (ADL) care. Resident #5 and Resident #6. Findings Include: Record review of the undated facility policy, "Activities of Daily Living (ADL's)" revealed under "Policy Explanation and Compliance Guidelines...3. The resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene...." Resident #5 An interview on 03/25/25 at 11:30 AM with Resident #5 revealed that the care at the facility wasn't perfect but was okay. Resident #5 revealed that she did not get her shower on	F 677	1. Resident #5 received a shower on 3/25/25. Resident #6 received a shower on 3/25/25. Documentation of this was verified by the Administrator on 3/26/25. 2. The Center acknowledges that all residents have the potential to be affected by this deficient practice. A 100% resident shower/bath documentation audit was completed on 3/28/25 by the Administrator to identify other residents who did not have documentation of a shower or bath provided as scheduled and corrective action was taken to ensure appropriate resident hygiene. 3. An education inservice will be completed for Certified Nursing Assistants (CNAs) by 4/30/25 by the Staff Development Coordinator (SDC) on providing assistance with Activities of	5/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 677	Continued From page 6 Saturday, 03/22/25, and she hadn't had a shower since last Thursday, 03/20/25. She revealed that she had missed several showers and stated, "I've been averaging about one shower a week this month." Resident #5 revealed that her scheduled shower days were Tuesdays, Thursdays and Saturdays and until the first of the year, she was getting her showers "like clockwork." She also revealed that she kept it in her calendar, and had it written down that she got a shower on 03/04/25 and did not get her next shower until 03/13/25 which was over a week later. She also revealed that on the days of her missed showers, no one offered or mentioned a shower to her. Resident #5 revealed that she had night sweats and when she got to where she could smell herself, she went into the bathroom in her room and washed herself off the best she could. Resident #5 revealed that not getting her scheduled showers made her feel dirty and made her not want to be around anyone and stated, "Because I didn't want anyone to smell me." Record review of Resident #5's "Continuous Pressure Ulcer Monitoring" Sheets which they used for keeping track of resident baths/showers revealed that she got her scheduled showers on 03/04/25, 03/13/25, 03/15/25, 03/18/25, and 03/20/25. Resident #5 did not receive her shower on 03/06/25, 03/08/25, 03/11/25, and 03/22/25. Record review of Resident #5's "Admission Record" revealed an admission date of 11/08/24 with diagnoses that included Chronic Obstructive Pulmonary Disease, Muscle Weakness, and Need for Assistance with Personal Care. Record review of Resident #5's Minimum Data Set (MDS) with Assessment Reference Date	F 677	Daily Living (ADLs), following the care plan for each resident, completion of resident showers and baths to maintain appropriate hygiene, and appropriate documentation of the shower or bath. On 4/14/25, Resident shower/bath schedules were entered by the Administrator into the electronic medical record (EMR), PointClickCare (PCC), as a custom care task requiring responses and allowing for electronic monitoring. The Director of Nursing, beginning 4/15/25, will review the completion of the shower tasks as part of the daily clinical start-up meeting to identify any residents without documentation of a shower or bath being offered. 4. Beginning 4/1/25, a resident shower/bath documentation audit will be completed by the Administrator 5 x (times) per week x 4 weeks, then 3 x week x 3 weeks to ensure that residents are receiving activities of daily living (ADL) assistance as necessary and that resident comprehensive care plans are implemented for residents to maintain appropriate hygiene. Beginning 4/9/25, Registered Nurse Unit Managers will complete interviews with 12 residents 2 x per week x 7 weeks to ensure appropriate resident hygiene is maintained. If a resident has a BIMS score (Brief Interview for Mental Status) of less than 8 or is unable to be interviewed, a body audit will be conducted by the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 677	Continued From page 7 (ARD) of 02/11/25 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated that she had no cognitive deficits. Resident #6 An interview on 03/25/25 at 2:55 PM with Resident #6, revealed that his scheduled shower days were Mondays, Wednesdays and Fridays. He revealed that he did not get a shower yesterday, 03/24/25 and he couldn't remember getting a shower at all last week. He revealed that he used to get his showers every Monday, Wednesday and Friday and now it was every once in a while. Record review of Resident #6's "Continuous Pressure Ulcer Monitoring" sheets which were used as bath and shower sheets revealed that he received showers on 03/03/25, 03/06/25, 03/11/25, 03/12/25, and 03/13/25 in the month of March. There were no other showers documented as completed for Resident #6. Record review of Resident #6's "Admission Record" revealed an admission date of 09/12/22 with diagnoses that included Cerebral Infarction, Hemiplegia and Hemiparesis following Cerebral Infarction, and Need for Assistance with Personal Care. Record review of Resident #6's MDS with ARD of 02/11/25 under Section C revealed a BIMS score of 15 which indicated that he had no cognitive deficits. An interview on 03/25/25 at 10:55 AM with Licensed Practical Nurse (LPN) #1, revealed that	F 677	Registered Nurse Unit Manager to ensure appropriate hygiene. The results of these audits will be brought to the Quality Assessment Performance Improvement (QAPI) Committee meeting x 2 months beginning April 30, 2025, for review and further corrective action as necessary to maintain sustained compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 677	Continued From page 8	F 677		

the Certified Nursing Assistants (CNAs) had to fill out a sheet on each resident and turn it in to the nurses to sign off on when a shower or bath was completed. She revealed that the shower "sheets" that they used were titled, "Continuous Pressure Ulcer Monitoring." She also revealed that if a resident refused a bath or shower, the staff had to document "refused" and turn a sheet in for that day. LPN #1 revealed that once the bath sheets were turned in and the skin assessment part was looked at, the nurse signed off on it and the shower sheets were turned in to Certified Nursing Assistant (CNA) Supervisor to be filed.

An interview on 03/25/25 at 3:35 PM with the Certified Nursing Assistant (CNA) Supervisor, revealed that the shower sheets they used were the "Continuous Monitoring Pressure Ulcer Monitoring" sheets. She revealed that the CNAs filled them out on each resident when they gave showers or baths, and they documented any new skin breakdown. CNA Supervisor revealed that the CNAs turned the sheets in to the nurses and the nurses had to sign off that the showers were completed and then turn them in to her for filing. She revealed that she had not received any complaints about residents not getting their showers. CNA Supervisor confirmed that there were missing shower sheets on Resident #5 and Resident #6 for the month of March 2025 and the lack of documentation would indicate that they didn't get showers on those days. CNA Supervisor confirmed that Resident #5 and Resident #6 were both cognitively intact and since they reported not getting some of their showers and with the missing shower documentation sheets, they probably did not get their showers as scheduled. She also agreed that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	402 GETWELL DR SENATOBIA, MS 38668

(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 677	Continued From page 9	F 677		

they needed a better system for tracking to ensure that baths, showers, and personal care were being completed and documented.

An interview on 03/26/25 at 9:10 AM with Administrator (ADM), revealed that he was not aware of any residents missing their baths or showers and said it could be from the lack of stabilization in staffing and stated, "We can get that back under control and get this issue fixed."

An interview on 03/26/25 at 11:10 AM with Registered Nurse (RN) Supervisor, revealed that the CNAs had to fill out a shower sheet on each resident when they complete it and turn the sheet in to the nurse and the nurse had to sign off on it. She revealed that the sheets had to be filled out and signed by the CNA and the nurse even if a resident refused the service. RN Supervisor revealed that she was not aware that showers were being missed until now, and it was very concerning to her. She revealed that she would find out where the breakdown was and would be working on putting something in place to rectify the situation, so it didn't happen again. RN Supervisor revealed that going forward, she would make sure that she as well as the nurses collected the shower sheets on all residents and make sure everyone received their baths or showers as scheduled.