MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80TC	A. BUILDING: _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISVILLE HEALTHCARE LLC	543 EAST MAIN STREET LOUISVILLE, MS 39339

(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
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with one (1) complaint investigation (CI) MS# 28410 at the facility from 4/14/25 through 4/16/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M500, M610, and M1210. The SA investigated MS CI #28410 related to abuse and determined the facility was in compliance related to the complaint. The census at the time of the survey was 54 and the facility is licensed for 60 beds.	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		5/8/25

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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: Level III	M 500	M500 Louisville Healthcare acknowledges	

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M 500	Continued From page 4 Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to accommodate the individual resident's rights by not ensuring that call lights were kept within reach (Resident #1, Resident #47) and failed to honor a residents right to be free from pain (Resident #39) for three (3) of 16 sampled residents. Resident #1, #39, #47 Findings Include: Review of the facility policy titled "Call Lights: Accessibility and Timely Response" dated 8/12/2019 revealed, "The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance." ... 5. "Staff will ensure the call light is within reach of resident and secured, as needed." ...6. "The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room." Resident #1 An interview and observation in Resident #1's room on 4/14/25 at 10:35 AM revealed the door was closed. The resident was lying in bed and stated, "I want to get up," and revealed that she had told the staff. The call light was observed unreachable, and the button was clipped to the upper portion of the cord coming from the wall unit with a silver clip. An interview with Registered Nurse (RN) #1 on 4/14/25 at 10:42 AM confirmed Resident #1's call light was inaccessible. She revealed the call lights should always be in reach of the residents in case they needed somebody or were distressed. She revealed that without the call light, the resident	M 500	receipt of the statement of deficiencies and propose this plan of correction as required by federal and state regulations and statues applicable to long term care providers. This plan does to constitute an admission of liability on the part of the facility, and such liability hereby specifically denies. The submission of this plan does not constitute an agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency or the scope of severity regarding any of the deficiencies cited are correctly applied. Resident #1 and resident #47 call lights were placed within reach on 04/14/2025. Audit of all resident call lights was conducted on 04/14/2025 with all other resident call lights found within reach. Resident #39 Resident received a prescription for Lyrica on 4/16/2025 from the medical director to cover her pain needs until her pain clinic appointment on 04/17/2025. Resident was assessed for pain daily, every shift by LPN charge nurse, continuously. Audit was done by Director of Nursing and Medical Records nurse on 04/15/2025 of all residents on pain medication to ensure pain is being relieved. Residents who are dependent upon staff for activiites of daily living have the potential to be affected by this practice. Residents who receive narcotics have the potential to be affected by this practice.	

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M 500	Continued From page 5 could not call to get help. An interview with the Director of Nursing (DON) on 4/14/25 at 12:15 PM confirmed the call lights should be accessible to the residents. She revealed the charge nurse was responsible for making daily rounds and ensuring the call lights were in reach. She revealed she also made rounds once or twice weekly and had checked for this. The DON revealed that without the call light, the resident could not alert the staff of the need for assistance. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/12/25 revealed, under Section C, a Brief Interview for Mental Status (BIMS) summary score of 11, which indicated Resident #1 was moderately cognitively impaired. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 2/20/09 with a medical diagnosis that included Unspecified Dementia. Resident #47 An observation and interview on 4/14/25 at 10:30 AM, revealed Resident #47 lying in bed with his call light secured and hanging behind a positioning bar, rendering the call light out of reach. Resident #47 stated, "I can't reach my call light. It doesn't do any good when you can't push it if you need anything." During an interview on 4/14/25 at 11:37 AM, RN #1 confirmed that she had noticed earlier that several call lights were not within reach of the residents. She revealed she went around to ensure all of them were put where the residents	M 500	An audit of all call lights using the Call-Light Audit Tool was conducted on 4/14/2025 by RN charge nurse to ensure all call lights were within reach. If the resident prefers elsewhere a care plan will be initiated. The Staff Development nurse in-serviced all nursing staff on the call light policy on 04/14/2025. Nursing staff in-serviced on 04/15/2025 by Assistant Director of Nursing on ordering narcotics before they are out of the medication and if the doctor refuses to refill, they must notify the Administrator.to ensure medications are being administered according to plan of care and nursing standards. Nursing staff will conduct audits every two hours beginning 04/14/2025 to ensure all call lights are within reach using the Nurse call light audit for three months. Findings of these observations will be presented to Quality Assurance on 05/07/2025 and monthly thereafter, for 3 months. Medical Records Nurse or Director of Nursing will review the narcotic book twice weekly on Mondays and Thursdays beginning 04/16/2025 to check for sufficient quantity of medication times three months. Daily audits of Residents' pain scales by Director of Nursing and Medical Records nurse for three months. Results of those audits will be reviewed at Quality Assurance on 05/07/2025, then monthly times three months	

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could reach them. RN #1 emphasized that the call light is in place to allow residents to request assistance for their needs.

In an interview on 4/14/25 at 11:55 AM, the DON revealed that it is the facility's expectation that all residents always have access to their call lights. She revealed the charge nurse was responsible for making rounds each shift to ensure call lights are accessible, and all staff must make sure the call light is within reach before exiting a resident's room.

A review of Resident #47's Admission Record revealed he was admitted to the facility on 01/02/2024 with diagnoses that include a history of falling, Chronic Respiratory Failure, and Anxiety Disorder.

Record review of the MDS with an ARD of 01/14/25 revealed Resident #47 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident is cognitively intact.

Resident #39

Record review of the facility policy titled "Resident Rights" unrevised, revealed under, "Policy Statement: Employees shall treat all residents with kindness, respect, and dignity."

Review of the facility policy titled "Pain Assessment/Management" with a revision date of 9/10 revealed, "It is the policy of this facility to provide guidelines in the identification and treatment of residents at risk for acute and chronic pain. Each residents pain will be assessed in an approach designed to increase comfort and promote dignity through administering alternative interventions or

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M 500	Continued From page 7 medications." On 4/14/25 at 2:48 PM an observation and interview with Resident #39 revealed that she was newly admitted to the facility and explained that she had been out of her pain medication (Lyrica) for almost a week. The resident revealed she came into the facility taking it for neuropathy pain in her lower legs and feet. She explained that staff told her that they contacted the facility doctor, but he would not refill it for her. She stated that she has an upcoming appointment with her pain specialist this Thursday, but she would rather not wait that long and stated, "I cannot walk anymore due to the leg pain." The resident explained that she had Tylenol that she could take, but it was not effective for her nerve pain in her legs and feet. An interview with the Director of Nursing (DON) on 4/14/25 at 3:10 PM revealed Resident #39 was a new admission to the facility on 04/02/25 and had a contract with the pain clinic and could not get pain medication prescribed by anyone besides with them. She explained that the resident has an appointment to have a drug screen on 4/17/25 and will have a telehealth visit through the pain clinic after the drug test to get her refills. She confirmed that the resident was admitted to the facility on Lyrica for pain management and revealed that the order was discontinued after the facility medical director was contacted about refilling it. The DON explained that he refused to refill the medication and told them that the resident must get her pain medications refilled by her pain management physician. She stated, "If he was not willing to refill the Lyrica, that was the physician's order from him to discontinue the medicine."	M 500		

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M 500	Continued From page 8 Record review of the "Order Listing" for Resident #39 revealed an order dated 4/02/25, "Lyrica (nerve pain) Oral Capsule 200 MG (milligrams) (Pregabalin) Give 1 (one) capsule by mouth three times a day related to other chronic pain," with a discontinued date of 4/10/25. Record review of the April 2025 Medication Administration Record (MAR) revealed Resident #39 last received a dose of Lyrica 200 mg on 4/10/25 at 1400 (2:00 PM), and the order was discontinued. Record review of the "Pain Assessment" dated 4/08/25 revealed Resident #39 frequently experienced pain in the last 5 days with a pain intensity scale rated 7 on a scale of 1-10. An interview with Licensed Practical Nurse (LPN) #1 on 4/15/25 at 2:10 PM, while in the room with Resident #39, confirmed the resident had been out of the Lyrica. She revealed that the resident was currently reporting pain in her feet and legs and rated the pain 8 on a scale from 1 to 10 with 10 being the worst pain. LPN #1 revealed stopping the medication abruptly could cause a recurrence of pain symptoms and withdrawal side effects. The resident stated, "It hurts to even touch my feet and to stand." She revealed that Lyrica helped with her nerve pain and explained that without the medication, the pain was constant and intense with the faintest touch. The resident explained that the facility's Medical Director saw her last week and told her he could not prescribe pain medications to her because it would void her contract with the pain clinic. She stated, "I don't know what to do." An interview with the Director of Nursing (DON) on 4/15/25 at 2:19 PM revealed the staff had	M 500		

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contacted Resident #39's pain clinic for the Lyrica refill, but they were told the resident must come in. She explained there was nothing they could do since the medical director would not refill it.

A telephone interview with the facility Medical Director (MD) on 4/15/25 at 2:35 PM revealed Resident #39 has chronic pain and currently has rib fractures due to a fall at home. He confirmed he saw the resident last week in the facility, and revealed the staff did not tell him the resident was out of Lyrica. He explained that the staff did ask him about refilling her medications, and he told them that she would need to get it refilled by her pain specialist. The MD stated, "There was a misunderstanding because I was never told that she was out of the medicine." He further elaborated, "It was not my intention for her to go without." He acknowledged that he had no problem with giving the resident enough medication until she got back in with the pain clinic, but would not want to do it on a long-term basis. The MD confirmed this medication should not be abruptly stopped and would cause a recurrence of pain for the resident.

An interview with the Administrator on 4/15/25 at 2:55 PM revealed Resident #39 should not be in pain and confirmed the facility was responsible for ensuring the resident had the medications available to manage her pain. She revealed her expectations were for the Medical Director to provide the medication until the resident was able to see her pain specialist.

An interview with the Physical Therapy Assistant (PTA) on 4/16/25 at 8:55 AM revealed occupational therapy (OT), and she had been working with Resident #39 to build strength and endurance. She revealed they had previously

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been walking and doing exercises, but explained that the resident complained of pain in her feet yesterday and could not stand and we had to modify her therapy treatment plan to adapt due to the pain.

Record review of the "PT (Physical Therapist) Flowsheet" revealed the following entries: Dated 4/14/25... "Pt (patient) reported not feeling well and needing to sit with c/o (complaints of) rib pain and foot nerve pain. PTA transitioned activity to dynamic sitting activity ..." Dated 4/15/25 "... dynamic sitting balance activity requiring pt to reach across midline to challenge trunk stability needed for daily tasks. Pt reported not feeling well with LE (lower extremity) pain. No standing on this day date related to pain."

Record review of Resident #39's April 2025 Medication Administration Record revealed under, "Pain scale-evaluate pain per pain scale (0-10) Q (every) shift and PRN (as needed). If pain is present document interventions and follow up on effects. Notify MD of persistent pain unrelieved by intervention" with zeros (0) documented on all shifts from 4/10/25 until 4/16/25 indicating the resident had no pain.

An interview with LPN #1 on 4/16/25 at 9:45 AM confirmed that she did not document Resident #39's pain level correctly on her shift. She revealed the resident complained of pain in both feet rated 8/10 and explained that she gave the resident two (2) Tylenol 325 milligrams (MG) at 245 PM yesterday, and upon follow-up the resident stated, "It helped a little bit but not much." She confirmed that she failed to document the pain or that Tylenol was given because she forgot. LPN #1 confirmed that the resident had told her that her pain was an 8 on a

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M 500	Continued From page 11 scale of 1-10. Record review of the "Admission Record" revealed the facility admitted Resident #39 on 4/02/25 with medical diagnoses that include Chronic Pain, Anxiety Disorder, Peripheral Vascular Disease and Type 2 Diabetes Mellitus. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/08/25 revealed, under Section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #39 was cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, interview, record review and facility policy review, the facility failed to provide nail care for one (1) of sixteen sampled residents reviewed. Resident #22. Findings Include:	M 610	Louisville Healthcare acknowledges receipt of the statement of deficiencies and propose this plan of correction as required by federal and state regulations and statues applicable to long term care providers. This plan does to constitute an admission of liability on the part of the facility, and such liability hereby	5/8/25

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M 610	Continued From page 12 Record review of the facility policy, "ADL (Activities of Daily Living) Care Policy" revealed "It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to residents to ensure all ADL needs are met on a daily basis..." On 4/14/25 at 2:43 PM an observation revealed Resident #22 sitting up in his wheelchair in the room and his fingernails on both hands were long and approximately one-half to three-fourths inch past his fingertips. There was a brown substance underneath each of them. An observation and interview on 4/15/25 at 9:14 AM with Certified Nursing Assistant (CNA) #1, revealed that Resident #22 had long fingernails with brown substance underneath. She confirmed that Resident #22 had long, dirty fingernails and revealed that this could cause a lot of health problems, the spread of germs, and could cause infections. She revealed that they were supposed to clean fingernails every day as needed. An interview on 4/15/25 at 9:20 AM with Licensed Practical Nurse (LPN) #1, revealed that Resident #22 was prone to have dirty fingernails, and they were supposed to check his fingernails and clean them every day if needed. She revealed that the aides were to check fingernails during resident bath/shower times, and they trimmed and cleaned them as needed. LPN #1 confirmed that Resident #22 had long, dirty fingernails and she revealed that they should have been taken care of. Record review of Resident #22's "Admission Record" revealed an admission date of 10/17/22 and that he had diagnoses that included	M 610	specifically denies. The submission of this plan does not constitute an agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency or the scope of severity regarding any of the deficiencies cited are correctly applied. Resident #22 received nail care on 04/15/2025 by RN Charge Nurse. All residents that need assistance with nailcare have the potential to be affected by the alleged deficient practice. Nursing Staff was in-serviced 4/15/2025 by Assistant Director of Nursing on policy for nailcare. Nailcare audit was conducted on all residents by Infection Preventionist on 04/15/2025. Nursing Staff will conduct twelve (12) nailcare audits per day, five (5) days a week to cover all residents times three (3) months. Results of those audits will be reviewed at Quality Assurance on 05/07/2025, then monthly x three (3) months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80TC	A. BUILDING: _____ B. WING _____	04/16/2025

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M 610	Continued From page 13 Unspecified Dementia, Age-Related Physical Debility, and Unspecified Depression. Record review of Resident #22's Minimum Data Set (MDS) with Assessment Reference Date of 1/08/25 under Section C revealed, a Brief Interview for Mental Status (BIMS) Score of 99 which indicated that he had severe cognitive deficits.	M 610		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to provide a clean homelike environment for residents in three (3) of forty-eight rooms observed during the survey. Rooms 209, 212, and 216. Findings include: Record review of the facility policy "Safe and Homelike Environment" revealed, "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment....." An observation on 4/14/25 at 11:05 AM in Room #209 revealed that the upper right corner of the air conditioner unit was pulled out from the wall and the ground outside the facility was visible. There was an opening measuring approximately	M1210	Louisville Healthcare acknowledges receipt of the statement of deficiencies and propose this plan of correction as required by federal and state regulations and statues applicable to long term care providers. This plan does to constitute an admission of liability on the part of the facility, and such liability hereby specifically denies. The submission of this plan does not constitute an agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency or the scope of severity regarding any of the deficiencies cited are correctly applied. Maintenance Director was in-serviced on 04/15/2025 on ensuring when installing a/c units that no open areas remain around the unit. Maintenance Director	5/8/25

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M1210	Continued From page 14 one inch by one inch at the right upper corner of the air conditioner unit with daylight visible, and warm air felt entering the room from the outside. An observation also revealed a hole in the wall measuring approximately six inches by six inches above and to the left of the sink faucet in Room #209. An observation on 4/14/25 at 2:55 PM in Room #212 revealed a hole in the wall to the left of the sink faucet which measured approximately seven inches by seven inches. An observation on 4/14/25 at 3:00 PM in Room #216 revealed a hole in the wall above the sink faucet which measured approximately seven inches by seven inches. An observation and interview on 4/15/25 at 9:25 AM with the Administrator (ADM) revealed the facility had contractors come in and replace the sink faucets, closets, and overbed tables in resident rooms about a year ago. She revealed that the contractors removed the built-in soap dishes, and it left the holes in the walls. The ADM revealed that the contractors had started on one end of the building repairing the walls and never made it to that end of the building on 200 Wing. She revealed that the contractors had not been back to this facility in a while. The ADM confirmed that there were holes in the walls in rooms 209, 212, and 216 and she agreed that with these issues, they were not providing the residents with a homelike environment. An observation and interview on 04/15/25 at 9:45 AM with the Maintenance Director confirmed the air conditioner unit in Room #209 was pulled away from the wall on the right upper corner with exposure to the outside. He revealed that leaving	M1210	and all nursing staff was in-serviced on 4/15/2025 on Homelike environment. Maintenance Director made repairs to hole around air conditioner on 4/15/2025. Holes in walls in rooms #209, 212, and 216 were repaired by maintenance director on 4/17/2025. All employees in-serviced on Homelike environment on 4/15/2025 by Administrator. All residents have the potential to be affected by this deficient practice. Environmental rounds by maintenance director were conducted on 04/15/20245 to ensure proper placement of all air conditioners and to check all rooms for holes in walls. Administrator or Maintenance Director will audit five resident rooms, five days a week times for three months beginning 04/16/2025 to ensure that facility provides a safe homelike environment. A summary of the audits will be presented to the Quality Assurance committee on 05/07/2025, then monthly by Administrator/designee for three months.	

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M1210	Continued From page 15 the air conditioner loose like that could allow bugs, dust, hot or cold air, and other unwanted pest or rodents to get into the facility from the outside.	M1210		