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 _____	C 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 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: 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,	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 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	5/8/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/29/25

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M 610	Continued From page 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 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	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.	
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	M1210		5/8/25

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M1210	Continued From page 2 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 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.	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 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	

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M1210	Continued From page 3 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 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	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.	