

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255206		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/26/2025	
NAME OF PROVIDER OR SUPPLIER AURORA HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 310 EMERALD DRIVE , COLUMBUS, Mississippi, 39702			
(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	
F0000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Compliant Investigations (CI) MS #488276 and CI MS #2579798 at the facility from 8/25/25 through 8/26/25. During the survey, the SA determined the facility was in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated CI MS #2579798 for resident rights and cited no deficiencies. The SA investigated CI MS #488276 related to abuse and quality of care and cited F689 for accidents/hazards at past non compliance. The facility implemented corrective actions on 05/5/25, prior to the SA entrance into the facility. The census at the time of the survey was 84 with a license for 120 beds.		F0000				
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to provide a safe, hazard-free environment for a resident when a portable heater was used in the resident's room and caused a burn to the resident's skin for one (1) of three (3) incidents reviewed. Resident #1. Based on corrective actions implemented 5/5/25, the State Agency determined this to be Past Non-Compliance. Findings include:		F0689	"Past Noncompliance - no plan of correction required"			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0689 SS = G	Continued from page 1 Record review of facility policy titled, "Incidents and Accidents Policy", undated, revealed, "Accident – Any unexpected or unintentional incident which results, or may result, in injury or illness to a resident. Incident – An occurrence or situation that is not consistent with the routine care of a resident or with the routine operation of the organization. This can involve a visitor, vendor, or staff member." During an observation and interview on 8/25/25 at 1:20 PM, Resident #1 was observed in his room in his bed with his right elbow noted to be covered in a dressing. He stated he has a disorder that makes him sweat even when he is cold and he prefers to be uncovered and undressed since the clothing and covers retain the sweat moisture. He stated several months ago, he asked the Licensed Practical Nurse (LPN) #1 to use the heater his representative brought to him and the nurse was hesitant, but she did what he requested. Approximately an hour later, the next nurse came in and took the portable heater out of the room and noted redness and blisters on his right elbow and due to his spinal injury, he did not feel pain in this area. An interview with LPN #1 on 8/26/25 at 8:40 AM revealed she was asked by Resident #1 to use the heater that his family had brought him. She informed him that heaters were not allowed in the facility, but he convinced her that he had been using it and it was located in the closet. She acknowledged that she knew better than to do this, but against her better judgement, she set it up on a table approximately 3 feet from the resident as he requested. The time of this was approximately 11:00 PM, prior to her going home for the evening. Shortly after midnight, LPN #2 called her to ask her about the heater being by his bedside and informed her of the redness and blisters to his elbow. She acknowledged she made a mistake when she placed the heater in the resident's area and she knew better but was trying to do what the resident asked because he was cold. During a phone interview on 8/26/25 at 9:20 AM, LPN #2 revealed she and another Certified Nursing Assistant (CNA) made their initial rounds and noted the heater at Resident #1's bedside and the redness and blisters to the resident's right elbow. She stated the resident told her he was not in pain and was unaware that the injury occurred. During an interview with the Administrator on 8/26/25 at 1:30 PM, it was revealed that space heaters were not allowed in resident rooms due to the fire risk and burn risk. An employee used the heater that the resident's		F0689				

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F0689 SS = G	Continued from page 2 family brought, and the resident received a burn to his right elbow. She confirmed the facility failed to provide a safe and hazard free environment for Resident #1 when a space heater was set up at his bedside and caused a burn. Record review of Resident #1's "Progress Note" by the Medical Doctor dated 5/3/25 at 6:39 AM, revealed, ""Chief complaint...Patient seen for burn injury...noticed multiple blisters on right elbow, resident was not aware of them...Diagnosis Second degree burn of right elbow...". Record review of wound culture dated 5/22/25 revealed results of bacteria of Enterococcus Faecalis. Record review of wound culture dated 6/19/25 revealed results of bacteria pathogens of Methicillin-Resistant Staphylococcus Aureus (MRSA) and Enterococcus Faecalis. Record review of the Order Summary Report revealed an order on 5/29/25 – 6/5/25 for Augmentin Oral Tablet 500-125 milligrams two times a day for right elbow wound infection for 7 days; order on 6/25/25 – 7/2/25 for Bactrim DS Oral Tablet 800-160 milligrams one tablet two times a day for right elbow wound infection; and an order on 6/27/25 – 7/11/25 for Doxycycline oral tablet 100 milligrams two times a day for right arm infection for 14 days. Record review of Resident #1's electronic "Medication Administration Record" revealed the resident received the antibiotics for the wound infections as ordered. Record review of Resident #1's "Admission Record" revealed the resident was admitted to the facility initially on 3/27/24 with the most recent admission date of 10/1/24, with diagnoses that included Traumatic Subarachnoid Hemorrhage, Paraplegia, and Autonomic Dysreflexia. Record review of Resident #1's Minimum Data Set (MDS) Section C – Cognitive Patterns dated 7/2/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicted the resident was cognitively intact. The facility has documented evidence date of corrections prior to the state agency entrance, therefore, this is cited as past noncompliance. The facility implemented corrective actions on 05/5/25, including staff education, enhanced monitoring, and completed safety monitoring. Validation of the corrective actions were verified through staff interviews, record reviews and observations.	F0689					

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