Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	**103 CUNNINGHAM DRIVE , RIPLEY, Mississippi, 38663**

(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
M0000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with three (3) complaint investigations (CI), MS CI # 480894, MS CI # 2599038 and MS CI # 2600438 at the facility from 9/2/25 through 9/4/25. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M500 for CI # 2600438. There were no deficiencies cited for CI MS #480894 or MS CI # 2599038. The SA also cited M610 related to Activities of Daily Living, M1205 related to floors, and M1210 related to walls during the annual recertification. The census at the time of the survey was 53 and the facility is licensed for 60 beds.	M0000		
M0500	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 nurse	M0500		

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

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M0500	Continued from page 1 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; 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, resident and family interviews, record review, and facility policy review, the facility failed to ensure a resident's right to be free from physical restraints for one (1) of 18 sampled residents. Resident #35 Findings Include: Review of the facility policy titled “Physical Restraints” revealed under, “Physical Restraint Standards: The goal of this facility is to ensure that each resident attains and maintains his/her highest practical level of function and well-being in an environment that limits restraint use to circumstances in which the medical symptoms of the resident warrant the use of the least restrictive restraint...” An observation of Resident #35 on 9/2/25 at 2:45 PM revealed she was lying in bed with her eyes closed, and the bed was against the wall on her left side, with a full-length bed rail that was located on her right side, and a bed alarm was also in use. The resident was lying on a concave with raised edges mattress. Record review of Resident #35's "Bed Rail Use Screening Form" dated 6/23/25 revealed under, "Recommended Type Bedrail" 1/4 (one-quarter) length side rails were indicated.” An interview with the Assistant Director of Nursing (ADON) on 9/3/25 at 11:28 AM confirmed Resident #35's side rail assessment was not accurate. She explained that the resident had the full-length side rail already in place when she started working at the facility	M0500		

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M0500	Continued from page 4 several months ago. The ADON stated the resident had the bed rail because a family member requested it to prevent the resident from falling. She revealed the resident tried to get out of the bed and sometimes scooted to the end of the bed trying to get up. Record review of Resident #35's "Bed Rails Informed Consent for Use" dated 5/3/24 revealed under, "Reason Bed Rail(s) Being Considered: Resident/Resident representative (RR) requested for safety." Also revealed under, "Type of Rails: Right upper and lower." An interview with the Director of Nursing (DON) on 9/3/25 at 3:48 PM revealed Resident #35's bed rail was applied because a family member was adamant about applying it due to frequent falls. She stated the family member signed the consent and understood the risk and that it could pose harm to the resident. An interview with a family member for Resident #35 on 9/4/25 at 10:36 AM revealed she knew the bed rail was a restraint and stated that was the purpose of the rail, to keep her mother in bed. She revealed a couple weeks ago the resident fell from the bed while trying to climb over the bed rail but was not hurt. Record review of Resident #35's "Fall with Injury Report" dated 8/13/2025 revealed under, "Incident Description: Resident was hollering out "Momma" this Nurse and CNA (certified nurse aide) headed to room, resident was falling to the floor." Also revealed under, "Immediate Action Taken: Head to toe assessment performed with abrasion noted to center of the back." An interview with the DON on 9/4/25 at 11:02 AM revealed Resident #35 did fall while trying to crawl over the bed rail and acknowledged the rail posed a greater risk for injures to the resident. She confirmed a restraint assessment was not done and acknowledged that positioning the bed against the wall, using a concave mattress along with a bed alarm and bed rail was restraining the resident from getting up easily. She confirmed this was done for family convenience related to falls rather than the safety of the resident and that the resident had not been screened properly for the restraints. Record review of the “Admission Record” revealed the	M0500		

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M0500	Continued from page 5 facility admitted Resident #35 on 9/21/24 with a medical diagnosis of Chronic Diastolic (Congestive) Heart Failure. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/10/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 3, which indicated Resident #35 was severely cognitively impaired.	M0500		
M0610	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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to provide Activities of Daily Living (ADL) care to maintain personal hygiene for one (1) of 18 sampled residents. (Resident #17). Findings include: Review of the facility policy titled, "Resident Hygiene: Care of Fingernails/Toenails," with a review date of 6/22 outlines the purpose of providing nail care: "To clean the nail bed, to keep nails trimmed and to prevent infections…" During an observation and interview on 9/2/25 at 10:53 AM, Resident # 17 revealed her fingernails were one-half inch in length, jagged, and had a brown substance underneath. Resident #17 expressed a desire to have her nails trimmed, stating she preferred them to be trimmed short. During an interview on 9/3/25 at 11:09 AM, Licensed	M0610		

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M0610	Continued from page 6 Practical Nurse (LPN) #1 stated Resident #17's fingernails should have been trimmed by the nursing staff. She further verbalized the resident was at an increased risk for infection and skin tears due to having long, dirty jagged fingernails. During an interview on 9/3/2025 at 11:16 AM, with the Director of Nursing (DON), she confirmed that usually nailcare is performed during bath time by the Certified Nursing Assistants (CNAs) for non-diabetic residents. She acknowledged that long, dirty, jagged fingernails increased the risk of infections. The DON expressed her expectations that residents' nails should be kept clean and trimmed as necessary. Record review of the "Admission Record" indicated that the facility admitted Resident #17 on 2/28/2023, with a medical diagnosis that included Other Seizures. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/13/25, revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 14 which indicated Resident #17 was cognitively intact.	M0610		
M1205	45.40.6 Floors Floors. All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to ensure the residents' floor was free from defects such as cracks for one (1) of 35 facility rooms observed. Resident #4 Findings include: Review of the facility policy titled "Homelike Environment" revised 5/22, revealed under, "Standard: Residents are provided a safe, clean, comfortable and homelike environment." During an observation on 9/2/25, at 12:22 PM, it was noted that the rug in the bathroom had a torn area measuring approximately four (4) inches by five (5) inches, which exposed the concrete floor beneath. During an observation and interview on 9/4/25, at 8:55 AM, with the Maintenance Director and Director of	M1205		

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M1205	Continued from page 7 Nursing (DON), both confirmed the presence of the torn rug and acknowledged that it constituted a potential fall risk for residents, stating they were unaware of the damage prior to the observation. Record review of Resident #4's "Admission Record" revealed the resident was admitted to the facility on 8/02/25, with a medical diagnosis that included Chronic Obstructive Pulmonary Disease (COPD). Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/9/25, revealed a Brief Interview for Mental Status (BIMS) score of 10, indicating Resident #4 is moderately cognitively impaired.	M1205		
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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observations, staff interviews, and facility policy review, the facility failed to ensure the residents' walls were maintained in good repair for two (2) of 35 facility rooms observed. (Resident #17 and #27) Findings Include: Review of the facility policy titled "Homelike Environment" revised 5/22, revealed under, "Standard: Residents are provided a safe, clean, comfortable and homelike environment." Resident #17 During an observation on 9/2/25, at 1:48 PM, it was noted that there was a large area on the wall behind the headboard of Resident #17's bed that measured approximately three (3) feet by four (4) feet, exhibiting scratched and damaged paint. On 9/4/25, at 8:43 AM, an observation and interview with the Maintenance Director and Director of Nursing (DON), both individuals confirmed that the damaged area on the wall should have already been repainted, acknowledging that it detracts from the quality of the living environment for the resident.	M1210		

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M1210	Continued from page 8 Record review of Resident #17 ’s “Admission Record” revealed the resident was admitted to the facility on 2/28/23, with a medical diagnosis that included Other Seizures. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/13/25, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #17 is cognitively intact. Resident #27 During an observation on 9/2/25, at 12:22 PM, it was noted that there was a large area on the wall behind the headboard of Resident #27’s bed that measured approximately three (3) feet by four (4) feet, exhibiting scratched and damaged paint. On 9/4/25, at 8:53 AM, an observation and interview with the Maintenance Director and Director of Nursing (DON), both individuals confirmed that the damaged area on the wall should have already been repainted, acknowledging that it detracts from the quality of the living environment for the resident. Record review of Resident #27 ’s “Admission Record” revealed the resident was admitted to the facility on 9/9/24, with a medical diagnosis that included Parkinson’s Disease. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/30/25, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #27 is cognitively intact.	M1210		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective	M1570		

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M1570	Continued from page 9 action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBPs) as per Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for one (1) of one (1) resident (Resident #16) observed during PEG medication administration. The nurse did not don appropriate personal protective equipment (gown) before handling the PEG tube, creating the potential for cross-contamination and infection spread. Findings Include: Review of facility policy titled “Enhanced Barrier Precautions”, with a revision date of 5/2024, revealed, “Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a multi-drug resistant organism (MDRO) as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).” On 9/3/25 at 9:10 AM, an observation of medication administration via (by) PEG tube with Resident #16, observed Licensed Practical Nurse (LPN) #1 not using Enhanced Barrier Precautions and the nurse did not wear a gown while administering medications to a resident at high risk for infections. An interview on 9/3/25, at 9:30 AM with LPN#1, she stated she forgot to wear her gown and that PPE was available and accessible to staff. She was able to verbalize that the purpose of wearing a gown would be to reduce infection risk when coming in and out of the resident’s room. An interview with the Director of Nursing (DON) on	M1570		

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M1570	Continued from page 10 9/3/25 at 11:00 AM, regarding EBP, stated that LPN#1 usually wears her gown and was probably nervous. She confirmed that she should have worn a gown to administer peg medications. She stated that the policy on EBP was in place and education was provided for staff and that an EBP sign was posted at resident's door to remind the staff to wear PPE. Record review of the "Admission Record" revealed that the facility admitted Resident #16 on 8/07/25 with a medical diagnosis that included Pneumonia unspecified organism and Gastrostomy Status.	M1570		