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 08/18/2021

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 a complaint survey, MS #17879 at the facility from 8/18/21 to 8/18/21. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated the complaint for a safe and clean environment and cited F 921.	F 000		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Complaint Investigation #17879 Complaint #17879 is an anonymous complaint alleging the facility has mold. This allegation was substantiated and Regulation 921 was cited at a D level. F921 S/S=D Based on observation and interviews; the allegation of mold was substantiated. One (1) of three (3) shower rooms was observed to have a black biological growth observed around a closed vent on a wall and a black biological growth observed on the wall at the top left of a sharps container in the same shower room. Interview with the Administrator (Adm.) at 11:15 AM on 8/18/21 revealed denial that the facility	F 921	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. 1. On August 18, 2021, the black biological growth located around the air vent and sharps container was removed with the use of a rag and bleach. The air vent was opened to allow air flow and the potential for moisture build-up. 2. All shower room vents have the potential to be affected. 3. On August 18, 2021, the Maintenance Director added the monthly air vent check and wall observation around the shower	9/24/21

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

Electronically Signed | 08/26/2021

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 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.

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F 921	Continued From page 1 had a mold problem. He stated he had two (2) separate companies come and evaluate the facility and they could not find a mold or mildew problem. The Adm. revealed he did not have a written report from either of the companies that evaluated the facility for mold. Observation at 11:50 AM on 8/18/21 revealed that the B Wing Shower room has a black biological growth noted around a closed vent near the top of the wall. Black biological growth was also noted on the same wall behind the sharps container at the top left corner. The Director of Nursing was with the surveyor and observed the black biological growth in B Wing Shower room. The Adm. was asked to come to the B Wing Shower room where he confirmed there was a black biological growth noted on the wall at 11:55 AM. Interview with the Adm. at 12:45 PM on 8/18/21 revealed the facility does not have a policy or procedure for looking for mold or mildew and does not have a policy or procedure for what to do if mold or mildew is found in the facility. The Adm. revealed he called the companies that evaluated the facility for mold and 1 stated he would send a report and the other said he would have to perform a more indept inspection to rule out mold. Interview with the Administrator in Training (AIT) at 12:50PM on 8/18/21 revealed that the facility Housekeeping staff have a checklist they use when they are doing a deep clean. She then provided the surveyor with a checklist and August	F 921	air vents to the existing preventative maintenance program. On September 8, 2021, a microbial company performed an inspection and did not observe any microbial growth on or around the supply vent. 4. The Maintenance Director will audit all shower room vents for black biological growth around the air vents in the shower rooms beginning August 18, 2021 and will continue weekly times four weeks then monthly for two months for any black biological growth around the air vents in the shower rooms and then added as a check to our existing preventative maintenance program. Maintenance staff and shower aides were inserviced on August 18, 2021 to observe for black biological growth around the air vents in the shower rooms and report any findings to the Maintenance Director. Any deficiencies will be reported to the Quality Assurance and Performance Improvement Committee for review and recommendations. The Maintenance Director presented the first audits to the Quality Assurance and Performance Improvement Committee on August 26, 2021 with no deficiencies noted. The Quality Assurance and Performance Improvement Committee will monitor the findings beginning August 26, 2021 weekly times four weeks then monthly for two months.	

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F 921	Continued From page 2	F 921		

2021 deep clean schedule. She stated that housekeeping wipes down the walls when they deep clean a room.

Record review of the August 2021 deep clean schedule revealed shower rooms are not included on the August 2021 deep clean schedule.

Record review of the report submitted by 1 of the mold inspection companies revealed, upon inspection on 7/27/21, (name of company) found that elevated moisture percentages were present in areas of the drywall associated with room 130. This report was emailed to SA after exiting from facility.

Interview with a staff member on 8/18/21 at 12:15 PM revealed that Resident room 130 had a hole knocked into the wall where the headboards of resident beds go and she was able to see mold inside the wall. She stated that wall and the wall in room 130's bathroom was completely removed and replaced "this month". She denied seeing any other area in the facility with mold or mildew.