Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HALL HEALTH CARE CENTER	101 MILLS STREET , BROOKHAVEN, Mississippi, 39601

(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 recertification survey the facility from 3/30/26 through 4/02/26. 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 cited M620, M655, and M1570.	M0000		
M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record reviews, and facility policy review the facility failed to provide complete perineal (peri-care) for one (1) of two (2) residents observed for incontinent care. Resident #26 Findings Include: Record review of the facility's policy "Cather Care, Urinary" dated 8/2022 revealed, "…Routine Perineal Hygiene: 1. Wash basin, soap and water and washcloths; OR 2. Bathing wipes 3. Towels;4. Bed protector…Steps…1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached. 2. Wash and dry your hands thoroughly. 3. Fill the basin over half (1/2) full of warm water (or if using bathing wipes, open the package). 4. Place the wash basin or wipes on the bedside stand within easy reach. 5. Put on gloves…" On 03/31/2026 at 3:09 PM, during an observation of peri care provided by Certified Nursing Assistant (CNA)#1 revealed CNA #1 gathered gown, gloves and brief and knocked on the door and entered the room. She then	M0620		

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

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M0620	Continued from page 1 donned (put on) a gown and gloves. CNA #1 then adjusted the bed remote with gloves on. She did not wash her hands prior to applying gloves upon entry. She did not remove gloves and perform hand hygiene after touching the remote. CNA #1 removed the soiled brief and applied a clean brief without providing peri care using peri wipes or soap and water. On 03 31/26 at 3:41 PM, in an interview CNA #1 confirmed that she did not completely do peri care. She stated she changed the brief but forgot to gather supplies to provide peri- care. She confirmed she did not perform hand hygiene upon entry, after touching the bed remote and prior to changing the brief. She confirmed that the resident's wound could get infected if he is still soiled. She stated she uses soap and water or peri wipes when doing care. On 03/31/26 at 4:08 PM, in an interview with the Director of Nursing (DON) stated CNA #1 should have washed her hands upon entry and after touching remote then applied clean gloves. She should have used soap and water or peri wipes to do care. She stated Resident #26 could get skin breakdown, wound infection, Urinary Tract Infection (UTI) and have a body odor. She stated she expects staff to give proper care. On 03/31/26 at 4:36 PM, in an interview with Registered Nurse #1/Infection Preventionist (RN)/IP stated CNA #1 should have washed hands upon entry and prior to care. She should remove gloves after touching the bed remote. She should have performed peri care with soap and water, not just apply clean brief to Resident #26. She stated it could have a negative effect on Resident #26. Resident #26 could get a UTI or infection of the sacral wound. She stated CNAs should provide high quality care. Record review of Resident #26 "Admission Record" revealed admission date of 2/27/23 with diagnosis of Personal history of UTI's dated 1/15/26, Pressure ulcer of other site, stage 2 dated 11/18/25 and Local infection of the skin, subcutaneous tissue unspecified dated 3/26/26, Quadriplegia C1-C4 incomplete and contracture unspecified. Record review of Resident #26's "Order Summary Report "revealed a physician's order dated 3/24/26 to culture wound to sacrum one time only for wound healing and an order dated 3/26/26 for ceftriaxone injection solution reconstituted 1 gram intramuscularly one time a day for infection for 5 days. Record review of Resident #26's Minimum Data Set (MDS)	M0620		

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M0620	Continued from page 2 with an Assessment Reference Date (ARD) of 3/19/26 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Section GG revealed he is dependent for toileting and hygiene.	M0620		
M0655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, and record review, the facility failed to store and replace oxygen tubing in accordance with professional standards and facility policy for one (1) of two (2) residents reviewed for oxygen use. Resident #1 Findings include: Record review of the facility policy “Departmental (Respiratory Therapy) Prevention of Infection” dated 2/2018 revealed “…Infection Control Considerations…7. Store the circuit in plastic bag, marked with date and resident’s name, between uses... 9. Discard the administration “set up” every seven (7) days…” On 03/30/2026 at 3:22 PM, observed Resident #1 sitting in a wheelchair with oxygen tubing beside the bed. The O2 tubing was not bagged and was wrapped around the O2 machine. The tubing was dated 3/19/26. Resident #1 stated he uses O2 sometimes. On 03/30/2026 at 3:26 PM, in an interview with Licensed Practical Nurse (LPN) #2 stated the tubing should be in a bag to prevent bacteria from getting on it. She stated the nurses are responsible for changing the tubing and the tubing should be changed weekly. She confirmed the tubing was not in a bag and was dated 3/19/26. On 03/31/2026 at 2:07 PM, in an interview the Director of Nursing (DON) stated oxygen tubing is supposed to be changed weekly. It should have been changed on 3/26/26. She stated the tubing should have been a bag. She stated the reason for putting it in a bag is to keep it off the floor and prevent infection. On 03/31/2026 at 2:16 PM, in an interview with	M0655		

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M0655	Continued from page 3 Registered Nurse #1/Infection Preventionist (RN)/IP stated the tubing is supposed to be in a bag and it is changed weekly. “We change tubing every Thursday.” She confirmed that by not changing O2 tubing, it could put Resident #1 at risk for infection. Record review of the "Order Listing Report" revealed an order dated 2/24/26 “Oxygen: Obtain SPO2(Peripheral capillary oxygen saturation) and apply oxygen 2L/min (liters/minute) via (by way of) nasal canula as needed to keep oxygen saturation > 92% check O2 sat(saturation) every shift.” Record review of the "Admission Record" revealed an admission date of 9/24/24 with diagnoses that included cerebral palsy and pneumonia. Record review of the Minimum Data Set (MDS) with an Assessment Reference (ARD) of 3/5/26 revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicates the resident was cognitively intact.	M0655		
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 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, interviews, record reviews and	M1570		

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M1570	Continued from page 4 facility policy review the facility failed to implement and maintain an effective infection prevention and control program to prevent the spread of infection, as evidenced by improperly stored and dated oxygen (O2) tubing for Resident #1, incomplete perineal care for Resident #26 and improper handling of food items for Resident #27 for two (2) of three (3) days of survey. Findings include: Record review of the facility policy “Departmental (Respiratory Therapy) Prevention of Infection” dated 2/2018 revealed “…Infection Control Considerations…7. Store the circuit in plastic bag, marked with date and resident’s name, between uses... 9. Discard the administration “set up” every seven (7) days…” Record review of the facility’s “Handwashing/Hand Hygiene, dated 12/2025 revealed, “Hand hygiene is the primary means for preventing healthcare associated infections and the transmission of multidrug resistant organism (MRDO). This facility requires strict adherence to evidence-based hand hygiene practices for all personnel... Indications for hand hygiene 1. Hand hygiene is indicated: a. before touching a resident, b. before …handling food…g. after touching the resident’s environment or belongings (e.g. bedrails, wheelchair, etc)…” Record review of the facility’s “Infection Control Policy” dated 2001 revealed “Purpose: To prevent, control and reduce the spread of infection among residents, staff and visitors in the facility, ensuring a safe and healthy environment…” Resident #1 On 03/30/2026 at 3:22 PM, observed Resident #1 sitting in a wheelchair with oxygen tubing beside the bed. The O2 tubing was not bagged and was wrapped around the O2 machine. The tubing was dated 3/19/26. Resident #1 stated he uses O2 sometimes. On 03/30/2026 at 3:26 PM, in an interview with Licensed Practical Nurse (LPN) #2 stated the tubing should be in a bag to prevent bacteria from getting on it. She stated the nurses are responsible for changing the tubing and the tubing should be changed weekly. She confirmed the tubing was not in a bag and was dated 3/19/26. On 03/31/2026 at 2:07 PM, in an interview the Director of Nursing (DON) stated oxygen tubing is supposed to be changed weekly. It should have been changed on 3/26/26.	M1570		

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M1570	Continued from page 5 She stated the tubing should have been a bag. She stated the reason for putting it in a bag is to keep it off the floor and prevent infection. On 03/31/2026 at 2:16 PM, in an interview with Registered Nurse #1/Infection Preventionist (RN)/IP stated the tubing is supposed to be in a bag and it is changed weekly. “We change tubing every Thursday.” She confirmed that by not changing O2 tubing, it could put Resident #1 at risk for infection. Record review of Resident #1’s "Admission Record" revealed an admission date of 9/24/24 with diagnoses that included cerebral palsy and pneumonia. Record review of Resident #1’s Minimum Data Set (MDS) with an Assessment Reference (ARD) of 3/5/26 revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicates the resident was cognitively intact. Record review of Resident #1’s "Order Listing Report" revealed an order dated 2/24/26 “Oxygen: Obtain SPO2(Peripheral capillary oxygen saturation) and apply oxygen 2L/min (liters/minute) via (by way of) nasal canula as needed to keep oxygen saturation > 92% check O2 sat(saturation) every shift.” Resident #26 During an observation of peri-care on 03/31/2026 at 3:09 PM, provided by Certified Nursing Assistant (CNA)#1 revealed CNA #1 gathered gown, gloves and brief and knocked on the door and entered the room. She then donned (put on) a gown and gloves. CNA #1 then adjusted the bed remote with gloves on. She did not wash her hands prior to applying gloves upon entry. She did not remove gloves and perform hand hygiene after touching the remote. CNA #1 removed the soiled brief and applied a clean brief without providing peri care using peri wipes or soap and water. During an interview on 03/31/26 at 3:41 PM, CNA #1 confirmed that she did not completely do peri care. She stated she changed the brief but forgot to gather supplies to provide peri- care. She confirmed she did not perform hand hygiene upon entry, after touching the bed remote and prior to changing the brief. She confirmed that the resident’s wound could get infected if he is still soiled. She stated she uses soap and water or peri wipes when doing care. On 03/31/26 at 4:08 PM, in an interview with the Director of Nursing (DON) stated CNA #1 should have washed her hands upon entry and after touching remote	M1570		

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M1570	Continued from page 6 then applied clean gloves. She should have used soap and water or peri wipes to do care. She stated Resident #26 could get skin breakdown, wound infection, urinary tract infection (UTI) and have a body odor. She stated she expects staff to give proper care. On 03/31/26 at 4:36 PM, in an interview with Registered Nurse #1/Infection Preventionist (RN)/IP stated CNA #1 should have washed hands upon entry and prior to care. She should remove gloves after touching bed remote. She should have performed peri care with soap and water, not just apply clean brief to Resident #26. She stated it could have a negative effect on Resident #26. Resident #26 could get another UTI or infection of the sacral wound. She stated CNAs should provide high quality care. Record review of Resident #26 "Admission Record" revealed admission date of 2/27/23 with diagnoses that included Personal history of UTI's dated 1/15/26, Pressure ulcer of other site, stage 2 dated 11/18/25 and Local infection of the skin, subcutaneous tissue unspecified dated 3/26/26, Quadriplegia C1-C4 incomplete and contracture unspecified. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/19/26 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Section GG revealed he is dependent on toileting and hygiene. Resident #27 On 03/30/26 at 12:12 PM an observation of various staff was setting up trays for residents. Medical Records (MR) staff placed a lunch tray in front of Resident #27. The tray contained mashed potatoes, green peas and a hamburger. The MR staff placed her bare left hand on his hamburger and cut it with a spoon. On 0/30/26 at 12:17 PM during an interview with MR staff she revealed she was unaware that she placed her bare hands-on Resident #27's food. She then recanted her statement and confirmed that she touched his hamburger. She stated she was trying to make sure he ate his food. She stated she should not have touched his food and that is cross contamination issue. On 03/31/26 at 2:07 PM, during an interview the Director of Nursing (DON) stated staff should never touch a resident's food with their bare hands. She stated it cross contamination issue with infection control.	M1570		

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M1570	Continued from page 7 On 03/31/26 at 2:20 PM, in an interview with Registered Nurse #1(RN) /Infection Prevention stated staff should never touch residents' food with bare hands. She stated MR should have gotten resident another burger. She stated that it is cross contamination issue. She stated most residents are immune, compromised and this could cause the residents to get an infection. Record review of Resident #27 "Admission Record" revealed an admission date of 10/24/25 with diagnoses that included malignant neoplasm of brain, unspecified and unspecified protein-calorie malnutrition. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/26/26 revealed a Brief Interview for Mental Status (BIMS) score of 3 which indicated the resident had sever cognitive impairment. Record review of Resident #27's "Order Summary Report" with active orders as of 3/31/26 revealed an order dated 10/24/25 for "Regular diet, regular texture, regular/thin consistency."	M1570		