STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 an annual recertification along with complaint investigations CI MS #17598, CI MS #17516, CI MS #17464, CI MS #17318, CI MS #17431, CI MS #17240, CI MS #17055, CI MS #17036, CI MS #17005, CI MS #16890, and CI MS #16895 from 3/22/21 to 3/25/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA cited F558, F583, F677, F686, and F688. The SA did not substantiate the complaints for CI MS #17598 for not grooming, CI MS #17516 for Pressure Ulcers and notification, CI MS #17464 for Pressure Ulcers and neglect, CI MS #17318 for Pressure Ulcers and notification, CI MS #17431 for assessment/ monitoring, abuse, transfer/discharge and falls, CI MS #17240 for assessment/monitoring, and quality of care, CI MS #17055 for abuse, CI MS #17036 for neglect, CI MS #17005 for grooming, assessment and neglect, CI MS #16890 for elopement and CI MS #16895 for assessment/monitoring and notification. No deficiencies were cited related to the complaint investigations. The census at the time of the survey was 81 and the facility is licensed for 110 beds.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced	F 558		4/23/21

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

Electronically Signed | 04/15/2021

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F 558	Continued From page 1 by: Based on observation, staff interview, resident interview, record review and facility policy review the facility failed to provide a call light within reach for one (1) of six (6) total care residents observed, Resident #10. Findings include: Record review of the facility's "Answering Call Lights policy" dated October 2010, revealed, "When the resident is in bed or confined to a chair be sure the call light is within easy reach of resident." On 03/22/21, at 10:45 AM, the State Agency (SA) observed Resident #10's call light tied to resident's right-side rail out of her reach. The SA observed that the resident's right arm was drawn inward to her chest. On 03/22/21, at 10:45 AM, an interview with Resident #10 confirmed that she could not reach her call light and she attempted to reach the call light and was only able to lift her left arm and hand a few inches up and was unable to move her right hand. During the interview, the resident confirmed that she is totally dependent on the staff for her care. On 03/23/21, at 08:45 AM, Resident #10 was observed asleep, and the call light remained on her right-side bedrail out of the resident's reach. On 03/23/21, at 3:45 PM, during an interview with Certified Nursing Assistant (CNA) #2, the SA asked CNA #2 about the resident's call light related to it being tied to the resident's right-side rail and where the call light should be. She	F 558	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. 1. On 03/24/2021 at 9:30am Resident #10 call light was moved to left dominant side within reach of Resident. 2. Current Residents were evaluated by RN (Registered Nurse) supervisor and ADON (Assistant Director of Nursing) on 03/24/2021 at 2pm to determine call light appropriateness and to identify which side Resident call light should be located for use. 3. Current Resident were assessed by the ADON, Staff Development and Medical Records 04/16/2021 at 2:00pm determine prominent side and Residents Preference to call light location. Current Resident□s Kardex were updated by MDS nurse on 04/18/2021 include which side to leave call light within reach for Resident use. ADON and Staff Development Coordinator started education on 04/13/2021 with licensed and certified staff on the Residents individualized call light location now found on Resident□s Kardex. 4. On 04/18/2021 , Staff Development	

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F 558	Continued From page 2 confirmed that the call light should be at her left side of the bed because that is the hand she can use. CNA #2 confirmed that she had not noticed the call light being on the right-side rail. CNA #2 attempted to place the call light close to the resident's left hand but stated it will not reach. CNA #2 stated that she would get the nurse to look at the call light in order to get it fixed. The SA asked CNA #2 and she confirmed that the resident could not call for assistance if the call light is not placed properly on her left side. On 03/24/21, at 09:15 AM, Resident #10 was observed lying in bed and the call light was laying on the pillow above the resident's head and out of reach of the resident. During an interview at 9:20 AM, on 03/24/21, with Registered Nurse (RN) #1, Charge Nurse, stated she makes rounds every two hours during the 7-3 shift at 9:00 AM, 11:00 AM, 1:00 PM and 3: 00 PM and completes the "Resident Care Checklist" and "Infection Control Observation Audit." RN #1 confirmed during the interview that the resident could not reach her call light and that it would be difficult for her to call for assistance if the call light is not with in her reach. RN #1 confirmed that she did not recognize that the call light was not in reach when she completed her every two-hour round while conducting her "Resident Care Checklist." Record review of the "Resident Care Checklist," dated 03/22/21, 03/23/21 and 03/24/21 and signed by RN #1 indicated that the RN had completed her checklist and found no issues and did not mark Resident #10's call light not in reach.	F 558	Coordinator to monitor for Resident call light location and within reach by auditing 15 rooms weekly for four weeks then monthly for three (3) months, and quarterly thereafter to ensure Resident□s call light is located on preferred side. All Findings will be immediately addressed and will be submitted to the Quality Assurance Performance Improvement Committee on 04/21/2021 for review and recommendations and will continue monthly for 3 months. Interim Director of Nursing is responsible for monitoring and compliance.	

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F 558	Continued From page 3 Record review of the face sheet revealed that Resident #10 was admitted to the facility on 05/13/20 with diagnoses of Cerebrovascular Accident (CVA), Hemiplegia and Attention to Tracheostomy. The most recent Brief Interview for Mental Status (BIMS) completed 12/21/20, revealed a BIMS score of 14, indicating that the resident has full cognitive ability.	F 558		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable	F 583		4/23/21

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F 583	Continued From page 4 federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, record review and facility policy review the facility failed to provide phone access in a private location for one (1) of seven (7) residents interviewed, Resident #36. Findings include: Review of facility's "Telephones, Resident Use Of" policy, dated May 2017, revealed "residents shall have easy access to telephones. Designated telephones are available to residents to make and receive private telephone calls. The telephones at the nursing stations should ordinarily be reserved for staff use unless no other alternative is available. Residents should use telephones at the nursing stations for as brief a period as possible. Telephones will be in areas that offer privacy and accommodate the hearing impaired, and wheelchair bound residents. Resident telephones are located in the following areas: Garden Room, East Nurses Station, West Nurses Station". Review of facility policy titled, "Resident Rights" dated December 2016, revealed "Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: privacy and confidentiality; access to a telephone,	F 583	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. 1. On 03/24/2021 phone cord was replaced by Maintenance for Resident phone use in garden room. Phone cord keeper secure to wall to prevent removal of cord. Phone cord keeper secure to wall to prevent removal of cord. On 03/24/2021 Resident #36 was able to use phone in private setting. On 03/24/2021 Resident #36 was educated by Social Services Director regarding communication devices that are available to be utilized in private and who to contact for assistance with the devices. 2. All Residents with ability to communicate have the potential to be affected by this deficient practice. 3. Residents educated by Social Services Director on 03/24/2021 on how to access communication devices that can be	

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F 583	Continued From page 5 mail and email; communicate in person and by mail, email and telephone with privacy". An interview on 3/22/2021 at 11:45 AM, with Resident #36 revealed the facility did not provide a private location for the resident's personal phone calls. Resident #36 stated he does not have a personal phone and the phone for resident's use in the activity room/dayroom has been unplugged and the cord is gone. He stated the only phone he now has access to is the nurse's desk phone and the staff is there, and he does not have privacy. When the staff is not at the desk, he does not have access to the phone, and when access is available, the privacy he would like is not available. Resident stated the activity room phone cord was missing last week and the staff replaced it. It then went missing again and he has been unable to use it for days. He stated he talked to the staff about the phone cord missing, but nothing has been done. On 3/22/2021 at 11:45 AM, Resident #36 requested to show State Agency (SA) the phone situation. An observation of the activity room phone on a small table without a cord from the wall jack to phone. Phone is not working at this time. An observation on 3/23/2021 at 10:00 AM, revealed the activity room phone with cord. Phone is working at this time. An interview with the Activity Director on 3/23/21, at 3:20 PM, revealed the cord on the activity room phone had been missing. She stated last Thursday, she noted the cord was missing and she notified the Maintenance Director. He came and replaced the cord. She is not sure what	F 583	utilized in private. Content of education included where to find cordless phones that can be used privately and the phone in the garden room. Resident educated to notify Social services, activities, or nurse if there is an issue with a phone. 4. Beginning 04/12/2021 Maintenance to monitor garden room phone and nurses' station cordless phones once a day Monday-Friday weekly for four weeks and then twice a week for six weeks and then once weekly thereafter to ensure phones are in working order. Nurses will notify maintenance if an issue occurs with a phone via maintenance electronic log on weekends. All Findings will be immediately addressed and will be submitted to the Quality Assurance Performance Improvement Committee 04/21/2021) for review and recommendations and will continue monthly for 3 months. Social Services is responsible for monitoring and compliance.	

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F 583	Continued From page 6	F 583		

happened to the cord or how long it had been missing, but realizes the residents need access to this phone. She stated when the state surveyor came into the activity room with Resident #36 on Monday, 3/22/2020, and was looking at the phone and the lack of a cord, she realized it was missing again. She notified the Maintenance Director on Tuesday morning and he came to replace it again. He gave her an extra cord to use, if needed. She stated the residents that use this phone enjoy being able to have more privacy than the nurse's desk phone offers.

An interview with the Maintenance Director on 3/23/21, at 3:40 PM, revealed he was notified last week (he thinks on Thursday), that the phone cord was missing, and the residents were unable to use this device. This morning, he was notified by the Activity Director that the cord was missing, so he replaced it again. He gave the Activity Director an extra cord to keep in her office just in case it was needed. He revealed he is unaware of who removed the cord and why and he does not know where it is located. He stated the phone had been mounted on the wall, but it was not wheelchair accessible, so it was removed from the wall and a cord was run from the wall jack to the phone placed on the table. He stated the residents need access to this phone and area for more privacy.

An interview on 3/24/2021, at 3:25 PM, was conducted with the Administrator concerning the phone cord missing on the activity room phone. She was aware of the phone cord missing last week but is unsure of where it was located or who removed it. She stated the residents have access to a phone to use at the nurse's desk and I-pads are available to be checked out and used

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F 583	Continued From page 7	F 583		

in the resident's rooms. Each nurse's desk has a cordless, portable phone for the residents to use. Residents have to ask the staff to use these devices.

An observation on 3/25/2021, at 8:00 AM, revealed the activity room phone with a cord in place and the cord is now secured to the wall under a covering.

An interview on 3/25/2021, at 8:45 AM, with Resident #36 revealed he has used the phone since the cord has been reattached. He stated a staff employee informed him this morning that there was a portable phone at the desk that he could use in his room, but he had never been given that information before today. He stated the staff would only give him the option of using the phone at the nurse's station when the staff would be available to assist. He had used the phone at the desk before, but he did not have privacy. He had rather not call than have everyone listen to him. He stated the workers use the nurse's desk phone and makes it more difficult to have access. He stated he is not familiar with computer I-pads, so those would not be helpful. He only wants privacy to talk to his family by phone.

An interview with Licensed Practical Nurse (LPN) #4 on 3/25/2021, at 9:55 AM, revealed the residents can use the portable phone or the desk phone. The phones are not always available, but the residents can use them when available. The desk phones are located at the nurse's desk and staff members are usually in that area and privacy is limited.

Interview with Administrator on 3/25/2021, at

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F 583	Continued From page 8 11:45 AM, confirmed the phone in the activity room was not working properly due to a missing cord and this interfered with the residents' ability to have privacy during phone conversations. Record review of the Admission Record revealed Resident #36 was admitted to the facility on 5/14/2019 with diagnoses of Atherosclerotic Heart Disease, Epilepsy, and Hypertensive Heart Disease with Heart Failure. Review of the Minimum Data Set (MDS) Section C, dated 1/4/2021, revealed Resident #36 with a Brief Interview for Mental Status (BIMS) score of 14, indicating resident was cognitively intact.	F 583		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, record review and facility policy review the facility failed to provide nail care to for four (4) of six (6) dependent residents. Resident #333, #24, #33 and #10 and failed to ensure a male resident was clean shaven and hair trimmed for (1) of 11 male residents observed for shaving and hair length. Findings Include: Record review of the facility procedure titled, "Fingernails/Toenails, Care of," with a revised date of February 2018, revealed, " The purpose of this procedure are to clean the nail bed, to	F 677	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. 1. Resident #333, #24, #33, and #10 offered nail care on 03/25/2021 RN Supervisors. Resident # 24 and #10 accepted nail care and care was provided by Director of Nursing, and Assistant	4/23/21

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F 677	Continued From page 9 keep nails trimmed, and to prevent infection...Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin." An observation of Resident #24, on 03/22/21, at 11:08 AM, revealed long facial hair and scalp hair. Resident #24's fingernails were long and curved over the end of his fingers. Resident #24 stated that his fingernails needed to be taken care of. He stated that he does not always want to take a bath but does want to be shaved every other day and he has told staff that. An observation, on 03/23/21 at 11:30 AM, revealed Resident #24 out in the hallway in his wheelchair. his fingernails continued to be long, and he was not shaven. An interview, on 03/24/21, at 4:50 PM, with the Director of Nursing (DON), confirmed staff should be providing care for the residents. The resident's nails and hair should not be so long. An interview, on 03/25/21, at 9:30 AM, with Licensed Practical Nurse (LPN) #3 confirmed Resident #24's nails were long and curved over the end of his fingers and his beard and hair was long. An interview, on 03/25/21, at 11:41 AM, with the DON revealed the Certified Nursing Assistant (CNA) care sheets let the CNAs know to check all nails and do nail care if the resident is not a diabetic. If the resident is a diabetic, they are to report the need for nail care to the nurse. The DON confirmed there was not anywhere designated for the nurses to document the nail care.	F 677	Director of Nursing. Resident #333 and # 33 refused nail care. Resident #24 offered and provided facial shave by LPN. On 03/25/2021 Registered Nurse Supervisors evaluated nails of each resident and offered nail care to residents in need. Podiatrist consult scheduled for 04/07/2021 by Director of Nurses for residents in need of service. 2. All current residents have the potential to be affected by the deficient practice. 3. Residents and family members interviewed on 04/18/2021 by Activities staff regarding preference of facial hair. On 04/19/2021 Kardex and care plans were updated by MDS nurse to reflect residents preferences related to nail care and facial hair. Beginning on 04/13/2021, education was started with licensed and certified nursing staff DON on how to provide nail care and shave residents. 4. Beginning 04/18/2021 social services to make dignity rounds weekly on 15 Residents then 30 Residents monthly for three months intergrating into routine nexion neighbor rounds to observe if facial hair is appropriate and if nail care has been provided. Identified issues will be reported to interim Director of Nursing or designee for immediate education and correction. All Findings will be immediately addressed and will be submitted to the Quality Assurance Performance Improvement Committee 04/21/2021 for review and recommendations and will	

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F 677	Continued From page 10 Resident #33 An observation, on 03/22/21, at 12:03 PM, revealed the fingernails on Resident #33's left hand extremely long, approximately one (1)inch from the end of his fingers. His left index finger had yellowish colored material under the nail. Resident #33's toenails on the right foot were approximately one-half inch from the end of his toes. The fourth toenail was long and curved under the toe. An observation and interview, on 03/23/21 at 04:20 PM, with Certified Nursing Assistant (CNA) #2 confirmed Resident #33's fingernails and toenails were too long. She stated the resident could scratch himself causing a sore or he could scratch the staff. CNA #2 stated that it is the nurse's responsibility to cut the nails if the resident is a diabetic but, the CNA's can do the others. An observation and interview, on 03/23/21, at 4:25 PM, with Registered Nurse (RN) #2 stated that the CNAs should be assessing the resident's nails and trimming them unless they are diabetic and then they should let the RNs know. RN #2 stated that she makes rounds every two (2) hours to check on the residents and confirmed that she should have noticed that his nails were extremely long. An observation and interview, on 3/23/21, at 4:45 PM, with the Director of Nursing (DON) confirmed Resident 33's nails on his left hand and right foot were way too long. The DON stated that Resident #33 needed nail care. She stated that the nurses, RN's, and LPNs are responsible for diabetic nail	F 677	continue monthly for 3 months. Social Services is responsible for monitoring and compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 677	Continued From page 11	F 677		

care and the CNAs are responsible for daily nail care including cleaning and cutting if not diabetic. The DON confirmed that nails that long could cause skin tears and wounds.

Record review, of the quarterly Minimum Data Set (MDS), dated 01-13-21, revealed under Section G that Resident #33 required extensive one person assist with personal hygiene.

Resident #333
On 03/22/21, at 02:23 PM, an observation of Resident #333 on her bed revealed a long-jagged fingernail to the left ring finger with all nails one (1) to 1/2 inches long with two (2) fingernails on the right hand with a yellow substance under the nail. Resident #333 nodded her head and smiled when asked if she would like to have her fingernails trimmed and cleaned.

On 03/23/21, at 3:45 PM, an observation of Resident #333 revealed a long-left ring fingernail with jagged edges and all nails are 1 half to 1 inch long.

On 03/23/21, at 3:50 PM, an observation and interview with Licensed Practical Nurse (LPN) #1 confirmed during an observation of Resident #333's fingernails looked rigid, could use straightening, could use smoothing, and they could use cleaning. LPN confirmed Resident #333's fingernails look long, and like they have not been trimmed in a long time. LPN reported nail care is provided sometimes by a Registered Nurse, LPN's, or Certified Nursing Assistants (CNA).

On 03/25/21, at 08:55 AM, an interview with the Director of Nursing (DON) revealed she did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 677	Continued From page 12	F 677		

know how bad the nail care was until it was brought to her attention and she performed an in service on 3/25/21 with her staff on nail care.

On 03/25/21, at 11:00 AM, an interview with CNA #1 revealed the CNAs are assigned to do nail care on resident's that are not diabetic residents and nurses are tasked with trimming the diabetic resident's fingernails. When a CNA notices a diabetic with fingernails that need trimming it is reported to the nurse.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/2/21 revealed in section G, under grooming, that Resident #333 requires extensive assistance of 1 person with personal hygiene.

Record review of the MDS with an ARD of 1/25/21 revealed a Brief Interview for Mental Status (BIMS) score of 99 which revealed resident was unable to complete an interview.

Record review of Resident #333's Face sheet revealed Resident #333's initial admission date was 12/10/20 with diagnoses which included Hemiplegia and Hemiparesis affecting the left non-dominant side, Dysphasia, Lack of Coordination and Cognitive Communication Deficit.

Record review of the CNA Activities of Daily Living (ADL) documentation sheet revealed after Resident returned to the facility from a Hospital stay on 3/12/21 documentation of personal hygiene care was provided daily. Resident #333 On 03/22/21, at 02:23 PM, an observation of Resident #333 on her bed revealed a long-jagged fingernail to the left ring finger with all nails one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 677	Continued From page 13	F 677		

(1) to 1/2 inches long with two (2) fingernails on the right hand with a yellow substance under the nail. Resident #333 nodded her head and smiled when asked if she would like to have her fingernails trimmed and cleaned.

On 03/23/21, at 3:45 PM, an observation of Resident #333 revealed a long-left ring fingernail with jagged edges and all nails are 1 half to 1 inch long.

On 03/23/21, at 3:50 PM, an observation and interview with Licensed Practical Nurse (LPN) #1 confirmed during an observation of Resident #333's fingernails looked rigid, could use straightening, could use smoothing, and they could use cleaning. LPN confirmed Resident #333's fingernails look long, and like they have not been trimmed in a long time. LPN reported nail care is provided sometimes by a Registered Nurse, LPN's, or Certified Nursing Assistants (CNA).

On 03/25/21, at 08:55 AM, an interview with the Director of Nursing (DON) revealed she did not know how bad the nail care was until it was brought to her attention and she performed an in service on 3/25/21 with her staff on nail care.

On 03/25/21, at 11:00 AM, an interview with CNA #1 revealed the CNAs are assigned to do nail care on resident's that are not diabetic residents and nurses are tasked with trimming the diabetic resident's fingernails. When a CNA notices a diabetic with fingernails that need trimming it is reported to the nurse.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 677	Continued From page 14	F 677		

3/2/21 revealed in section G, under grooming, that Resident #333 requires extensive assistance of 1 person with personal hygiene.
Resident #10
On 03/22/21, at 10:45 AM, an observation of Resident #10's fingernails was observed with long unclipped nails and a dark substance noted under her nails.

An interview on 03/22/21, at 10:45 AM, with Resident #10 and she confirmed she did not want her nails that long She shook her head back and forth aggressively, side to side to indicate "No," that she did not want her nails that long.

On 03/23/21, at 03:40 PM, an interview and observation with Certified Nursing Assistance (CNA) #2 confirmed that Resident #10's fingernails are one inch long, her thumb nail is broken and jagged and noted with a dirty dark substance under all of her fingernails. CNA #2 confirmed that the CNA's trim the fingernails and clean them if they are not a diabetic. CNA #2 confirmed that she would look at the care card and see if she could trim the Resident #10's nails.

On 03/23/21, at 3:50 PM, an interview and observation with Licensed Practical Nurse (LPN) #2 confirmed that the Resident #10's fingernails are long, unclipped and dirty. LPN #2 stated that Resident #10's fingernails have not been cut in weeks.

An interview on 03/23/21, at 3:55 PM, with the Assistant Director of Nursing (ADON), confirmed that Resident #10 is not a diabetic and that a CNA could trim the resident's fingernails. The ADON confirmed that the resident should have her nails trimmed weekly and she confirmed that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 677	Continued From page 15 resident's long unclipped nails could cause a skin tear. An interview with the Director of Nursing (DON) on 03/25/21, at 10:30 AM, confirmed that cleaning and trimming of resident's fingernails is on the "ADL sheet," for the CNAs to complete on each shift. An interview at 9:20 AM, on 03/24/21, with Registered Nurse (RN) #1 Charge Nurse, stated she makes rounds every two hours during the 7-3 shift at 9:00 AM, 11:00 AM, 1:00 PM and 3:00 PM and completes the "Resident Care Checklist" and "Infection Control Observation Audit." RN #1 confirmed during the interview that Resident #1's fingernails were long, unclipped and dirty and that she had failed to identify that when she completed her every two-hour round while conducting her "Resident Care Checklist.". Record review of the CNA "Activities of Daily Living (ADL)" sheet revealed, "ADL-Check Nails and Facial Hair, on bath days Monday, Wednesday, Friday." An intervention was listed to check nail length and trim and clean on bath day and as necessary. Record review of the Admission Record revealed that Resident #10 was admitted to the facility on 05/13/20 with diagnoses of Cerebrovascular Accident (CVA), Hemiplegia and Attention to Tracheostomy. The most recent Brief Interview for Mental Status (BIMS) completed 12/21/20 revealed a BIMS score 14, indicating that the resident has full cognitive ability.	F 677		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)	F 686		4/23/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 686	Continued From page 16 §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility policy review and record review, the facility failed to apply pressure relieving device to residents' feet as ordered for one (1) of four (4) residents reviewed for pressure ulcers. Resident #33. Findings include: Review of the facility policy titled, "Memorandum Skin on Skin and Heel Pressure Redistribution", dated 2013, revealed residents who are at risk for developing pressure ulcers have an increased risk of developing pressure ulcers if positioning and pressure redistribution are not taken into account specifically in the areas of skin on skin and the heels. Residents who have contractures or lack of mobility and will be in undesirable positions that could cause increased pressure over bony prominence's need to treat through the use of positioning devices. An observation, on 3/22/21 at 9:18 AM, revealed	F 686	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. 1. On 03/23/2021 The DON (Director of Nursing) assessed bilateral heels of Resident #33 with no negative findings. On 03/23/2021 DON placed heel suspension boots to bilateral heels on Resident #33. Resident #33 was referred to therapy by Director of Nurses on 04/13/2021 determine the appropriateness of pressure relieving device. 2. Thirteen (13) Residents with pressure	

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	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 686	Continued From page 17 Resident #33 in bed with no foot protection in place. An observation, on 03/22/21 at 11:50 AM, revealed Resident #33 lying in bed with his feet uncovered. Resident #33 had no foot protection in place. An observation, on 3/23/21 at 11:00 AM, revealed Resident #33 moving around in bed, pulling feet up and down. He did not have foot protection boots on. An observation, on 3/24/21 at 10:35 AM, revealed Resident #33 in bed without foot protection. On 03/25/21 at 10:05 AM, an observation and interview with the Director of Nursing (DON), confirmed Resident #33 should have boots on as ordered to protect his feet from injury and prevent breakdown. She stated that the resident was at risk for pressure because he pulls his legs up and has pressure on his knees and ankles. No skin breakdown noted at present and confirmed by the DON. The DON stated that the resident did not have the boots in his room. She stated that they may have gone to laundry, but the staff should have gotten them back or gotten another pair. On 3/25/21 at 10:55 AM, an interview with Licensed Practical Nurse (LPN) #3 revealed that initials and checks in the spaces on the Medication Administration Record (MAR) indicated that the foot boots were on. LPN #3 stated that she charted the Air Suspension boots because she thought they were on. LPN #3 stated that she just did not know why she did not make sure they were on. She stated they are responsible for everything. LPN #3 confirmed that	F 686	relieving devices had the potential to be affected. 13 Residents with pressure relieving device orders were referred to therapy physician beginning 04/13/2021 for screening to determine the appropriateness of pressure relieving devices. 3. Beginning 04/13/2021 Residents with pressure relieving devices had Orders, Kardex and care plans reviewed and updated to reflect changes by MDS nurse. Interim Director of Nursing started education with licensed nurses and certified staff on 04/13/2021 utilization of Medication Administration Record and following Kardex to determine appropriate application and placement of pressure relieving devices in place for resident. 4. On 04/18/2021 Medical Records, Staff Development Coordinator, and Interim Director of Nursing to ensure appropriate application of all pressure relieving devices in place as physician ordered. 04/18/2021 nurse managers Six Residents with pressure relieving devices will be reviewed weekly for four weeks then monthly for three months and quarterly thereafter for appropriate applications and placement of pressure relieving devices. All Findings will be immediately addressed and will be submitted to the Quality Assurance Performance Improvement Committee 04/21/2021 for review and recommendations and will continue monthly for 3 months. Interim Director of Nursing is responsible for monitoring and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 686	Continued From page 18 foot protectors should be on to prevent breakdown. Record review of the Order Summary Report with an order date of 9/13/20, revealed Resident #33 should wear bilateral air suspension boots at all times or as tolerated. Nursing to remove air suspension boots every shift all shifts to check skin and report any changes every shift. Record review of the MAR for the survey days of 3/22/21 and 3/23/21, revealed the air suspension boots documented as being on for the day, evening, and night shifts.	F 686	compliance.	
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident	F 688	Preparation and submission of this Plan	4/23/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

(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 688	Continued From page 19 interview, record review and facility policy review, the facility failed to apply splints as ordered for one (1) of five (5) residents observed with splints. Resident #48. Findings include: Review of the facility policy, titled, "Assistive Devices and Equipment", revised January 2020, revealed the facility maintains and supervises the use of assistive devices and equipment for residents. An observation, on 03/22/21 at 11:22 AM, revealed Resident #48 in her chair. A contracture was noted to her right hand. Resident #48's splints were laying on the bed. Resident #48 stated that they do not put them on. An observation, on 03/22/21 at 3:00 PM, revealed Resident #48's splints remain on the bed in the same place. Resident #48 confirmed the staff had not put her splints on today. An observation, on 03/23/21 at 09:39 AM, revealed Resident #48 up in her recliner chair eating breakfast. Arm splints laying on bed. She stated that she sleeps in her chair. Resident #48 stated that no staff had offered to put her splints on. An observation, on 03/24/21 at 09:08 AM, with the Director of Nursing (DON) confirmed the resident does not have her splints on. The DON stated that Resident #48 should have her splints on. An interview, on 3/24/21 at 9:10 AM, with the DON, revealed that the floor staff, charge nurses,	F 688	of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. 1. On 03/24/2021, DON offered to apply splint to right and left hand on Resident #48 and Resident refused application of splints. Resident referred to therapy by Director of Nurses on 03/24/2021 to evaluate appropriateness of splints. 2. Twelve (12) residents with orders for splints had the potential to be affected by this deficient practice. 3. On 04/13/2021 and 12 residents with orders for splints were referred to therapy to determine appropriateness of devices currently in place. 04/13/2021 Orders, Kardex and care plans were updated by MDS Nurse to reflect changes. Interim Director of Nursing began education on 04/13/2021 with licensed nurses and certified staff on the utilization of Medication Administration Records and following Kardex to determine the appropriate application of splints devices are in place for the Residents. 4. On 04/18/2021, Medical Records, Staff Development Coordinator, and Interim Director of Nursing to ensure appropriate application of all splints in place as physician ordered. Beginning 04/18/2021,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 688	Continued From page 20 nurses, and Certified Nursing Assistants (CNA) are responsible for putting splints on. She confirmed the splints should be on now. An interview on 3/25/21, at 10:55 AM, with Licensed Practical Nurse (LPN) #3 revealed she charted the splints because she thought they were on. She confirmed she should make sure before she charts. Record review of the Order Summary Report revealed resident order to wear left palm guard 24 hours a day or as tolerated, can take off during hours of sleep. Nurse to remove palm guard every shift and check skin. Report changes. Patient to use right resting splint after a.m. bath. Patient to doff resting splint before bedtime. Record review of the Order Summary Report revealed an order, dated 9/22/20, for Resident #48 to use right resting splint after AM bath. Patient to doff resting splint before bedtime. Nursing to provide skin check every shift, every morning and bedtime. An order, dated 7/22/20, revealed Resident #48 was to wear left palm guard 24 hours a day or as tolerated. Can take off during meals . Nurse to remove palm guard every shift and check skin. Report changes every shift for impaired mobility. Record review of the Medication Record Review (MAR) for 3/22/21, 3/23/21, and 3/24/21 revealed documentation that Resident #48's splints were applied. Record review of the Order Summary Report revealed Resident #48 had a diagnosis of Cerebral Infarction and Hemiplegia affecting the Right Dominate Side.	F 688	Medical Records, Staff Development Coordinator, and Interim Director of Nursing Six Residents with splint devices will be reviewed weekly for four weeks then monthly for three months and quarterly thereafter for appropriate applications and placement of splint devices. All Findings will be immediately addressed and will be submitted to the Quality Assurance Performance Improvement Committee on 04/21/2021 for review and recommendations and will continue monthly for 3 months. Interim Director of Nursing is responsible for monitoring and compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255154	A. BUILDING _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL REHABILITATION AND HEALTHCARE CENTER	902 SGT JOHN A PITTMAN DRIVE GREENWOOD, MS 38930

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F 688	Continued From page 21 Review of the Quarterly Minimum Data Set (MDS), dated 1/25/21, revealed Resident #48's Brief Interview for Mental Status (BIMS) score of 15 , indicating the resident was cognitively intact.	F 688		