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	255136	A. BUILDING _____ B. WING _____	C 03/01/2022

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TUPELO NURSING AND REHABILITATION CENTER	1901 BRIAR RIDGE ROAD TUPELO, MS 38804

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F 000	INITIAL COMMENTS On 02/28/2022 the State Agency (SA) conducted an onsite complaint investigation (CI) MS# 18535, in conjunction with Life Safety Code (LSC). The SA substantiated the anonymous complaint and a deficiency was cited at F584 -Safe/Clean/Homelike Environment at a Scope and Severity (S/S) level of "F" which was widespread. On 03/01/2022 the SA extended the complaint survey and determined that the facility was not in compliance with the standards for participation in Medicare and Medicaid and cited Substandard Quality of Care (SQC). The facility census on 02/28/2022 was 98 and the facility was licensed for 120 beds.	F 000		
F 584 SS=F	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584		4/15/22

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

Electronically Signed | 03/23/2022

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F 584	Continued From page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and policy and procedure reviews, the facility failed to appropriately repair and/or replace the facility's exterior roof to prevent the rain water from opening up the interior ceilings and causing water damage to three (3) of four (4) resident units/hallways. Hallways/Units A, B, and C, contained walls, ceilings, and floors that were damaged from rain water and had standing water observed still in the facility. Findings include: Record review of the facility policy and procedure titled "Appendix J: Floods" undated, revealed, "...Responding to a Flood: Types of floods: There are several types of flooding that can occur in	F 584	Please consider this Plan of Correction as Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. The facility will provide all residents with a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily	

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F 584	Continued From page 2 your Living Center. External flash flood: Internal flood ...Internal Flood-An internal flood is confined to the internal areas of the Living Center and might be caused by a broken water main, broken sprinkler system or similar occurrence. An external flash flood occurs with little or no warning and is usually the result of a heavy rain, cloudburst, broken dam, or similar occurrence ...Employees as assigned: In the event of a flood, employees as assigned should: Evacuate residents from the affected portion of the building. Move equipment, supplies, property, and food from the affected area ..." Record review of the facility policy titled "Accident and Incident Documentation and Investigation Resident Incident" dated 7/18 revealed,"Accidents and/or incidents involving resident care will be investigated and documented on the Resident Incident Report entry form in the LTC system. An "incident" is defined as an occurrence which is not consistent with the routine operation of the facility or the routine care of a particular resident. Accidents and incidents will be analyzed for trends or patterns to enable the facility to enhance preventive measures to reduce the occurrence of incidents..." Record review of the facility policy titled: Abuse Prevention dated 11/17 revealed, "The facility is committed to protecting the residents from abuse by anyone including but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, visitors, or any other individual...DEFINITIONS: f) Neglect: A failure of the facility, its employees, or service	F 584	living safely. 1.No residents have been affected. A contracted vendor replaced damaged and missing caulk with new construction grade caulk on 2/23/2022 to prevent further leaks. A full roof replacement was initiated and outsourced on 3/9/2022 to replace the facility flat roof. A contracted vendor will start roof replacement on 4/19/2022 as weather permits and total replacement to be completed by 5/30/2022 providing weather permits. On 3/3/2022 the barrier and yellow caution tape at entrance to Hallway A and Hallway B that prohibited entrance from the lobby areas to resident bedrooms was removed. The new flooring was completed by Maintenance Director March 3, 2022. In resident room B3 the bent metal casing/crown-molding surrounding the window was immediately repaired by Maintenance Director on 3/1/2022. Additionally, on 3/1/2022, the Maintenance Director replaced toilet seat, and discolored loose baseboards were repaired. The Maintenance Director replaced damaged baseboards in hallway between B11 through B15 week of March 7, 2022. On March 1, 2022 the Administrator contacted outside services to perform a limited asbestos and mold testing. The	

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F 584	Continued From page 3 providers to provide goods and services necessary to avoid physical harm, mental anguish, emotional distress, or pain..." The State Agency (SA) received an anonymous complaint on 02/25/22 that stated the building had received water damage on 02/21/22 and had opened areas of the facility roof exposed and water damage had occurred to multiple areas of the building to include water standing in light fixtures and that the corporate office had not had it fixed or evaluated. On 2/28/22 at 11:45 AM, observed on entrance to the facility lobby a large plastic ceiling to floor barrier. The barrier was draped in yellow caution tape at the entrance to Hallway A and Hallway B that prohibited entrance from the lobby area to resident bedroom areas. Interview on 2/28/2022 at 12:00 PM, with the Administrator (ADM) revealed that she had begun working at the facility on 02/24/2022. The ADM stated that the previous ADM had left the facility on 02/23/2022. The ADM stated that she had assumed the responsibilities of ADM when she began work on 02/24/2022. She stated that the Maintenance Director and the Assistant Maintenance Director both walked out of the building on 2/25/2022. The ADM stated that she was in the process of hiring new maintenance workers and had asked the corporate office to send some maintenance workers to the facility to assist with the cleaning up and repairing from the rain water damage that had occurred on 2/21/2022. The ADM stated that there was a heavy rain storm in the area on 2/21/2022 and the large amounts of rain water that fell in a short period on top of the facility's flat roof, caused	F 584	findings indicated low level of mold and no asbestos was found. The facility contracted with outside services 3/2/2022 to complete the extreme abatement and restoration services. Post remediated rooms will not be accessible to any residents until all repairs are completed. On 3/7/2022 a contracted vendor provided the facility with dehumidifiers for affected areas indicating mold, the dehumidifiers will remain in use until full roof replacement. On 3/16/2022 a contracted vendor initiated the mold abatement of cited ceiling, walls, floors and baseboards damaged by the roof leaks for rooms A6, A8, A10, A12. A14, B2, B3, B6, B8, B11, B12, B13, B14, B15, C2, C4, C6, C8, C10, C12, C13, C14, C wing hallway, and Social Service office. Post remediated rooms will not be accessible until repairs are completed, then rebuilding will start with areas where roof is completed. Estimated date for all rebuild and repairs to be completed by 6/30/2022. On 3/18/2022 the Administrator sent letters of notification to all residents responsible party concerning roof replacement and facility construction. 2.All residents residing in the facility have the potential to be affected. 3.On 3/2/2022 the Administrator was in-serviced by facility Vice President regarding F584 providing all residents a safe, clean, comfortable, homelike	

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F 584	Continued From page 4 extensive water damage to rooms that did not house residents. The damaged rooms in the facility were empty at the time of the flooding rains on 2/21/2022. The ADM stated that the floor to ceiling plastic barrier in the lobby at the entrance of halls A and B was placed there about a week or two ago, she wasn't quite sure how long, because the hot water heater and pipes leaked and the floor had to be dug up, the pipes repaired, and the concrete re-poured. The concrete had to dry thoroughly and set up before the new flooring could be installed. Thus, the barrier had to be placed to prevent walking over the fresh newly poured concrete. The ADM stated that as soon as the new flooring was installed the ceiling to floor plastic barrier would be removed. The ADM stated that leaks had caused water damage in several areas of the facility that were not occupied by residents. Observations on 2/28/2022 at 12:00 PM to 3:00 PM were made by State Agency (SA) and Life Safety surveyors as per the facility's providing of a floor plan. The facility observations revealed the following: 1. A-Hall/Unit consisted of 14 resident bed rooms; four (4) offices and/or supply areas; one (1) nursing station and one (1) long hallway; one (1) Activity area; and one (1) resident shower/bath area. Un-occupied resident bedroom #A8 had a large ceiling hole that was opened up as a result of rainwater, that had crashed the ceiling elements and materials to the floor. The ceiling hole/opening measured approximately 36 inches X 30 inches in size. The wood beam and plywood was exposed and had been damaged and discolored a dark color from the rainwater. Room #A8 had walls and base	F 584	environment and ensuring any leaks or damage will be repaired. On 3/2/2022 the Administrator in-serviced Maintenance Director on F584 providing all residents a safe, clean, comfortable, homelike environment and ensuring any leaks, and damages are to be immediately repaired. On 3/2/2022 the Administrator initiated education and in-serviced staff regarding F584 providing all residents a safe, clean, comfortable, home environment, this to include notifying and reporting leaks and damages and any needed repairs to ensure the safety of residents and staff. 4.Beginning the week of 3/7/2022 the Quality Improvement (QI) team will conduct room inspections three times per week times three months to ensure no leaks or water damages are found in occupied rooms. Any findings will be reported to the Maintenance Director for immediate repairs. Beginning 3/11/2022 the results of the audits will be reviewed by the Administrator weekly and presented to Quality Assurance committee monthly beginning April 6, 2022 times four months. Facility indicates the corrective action (s) will be completed April 15, 2022	

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boards throughout that were wet and contained visible signs and smells of mold and mildew. The Life Safety surveyor tested the walls and baseboards of room #A8 with a water/dampness detecting meter, which registered positive for dampness/water.

2. Room #A10 contained water stains and ceiling discoloration as well as walls and baseboards that were wet and discolored with damage.

3. Rooms #A6, #A12, and #A14 had signs of damp baseboards and wet walls.

4. The entrance area of A-Hall had floor to ceiling plastic barriers installed that prohibited anyone from entering the unit or exiting the unit to the lobby area or to the other areas of the facility. The residents and all visitors had to enter and exit A-Hall through the nursing station and medical records/charting areas, which was observed to be small and congested. Non licensed persons and residents were observed walking and rolling in wheelchairs through the small medical records/charting area and nursing station, in order to exit and enter the A-hallway.

5. B-Hall/Unit consisted of 15 resident bedrooms. There were nine (9) of the 15 rooms of B-Hall/Unit that were observed to have rainwater damage. Rooms #B2, #B3, #B6, #B8, #B11, #B12, #B13, #B14, and #B15 were observed to have damp and rain damaged discoloration on the ceiling and/or walls. The entrance area of B-Hall had a floor to ceiling plastic barrier that prohibited the entering and exiting of the B-hallway to the lobby and to the residents dining room.

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6. The ceiling over the Resident's bed (next to the window) in Room #B3 had discolored ceilings that were marked with rainwater stains/rings. The areas around the windows and the air conditioner were wet and discolored and stained with rain water and showed signs and smells of visible mold and mildew. The metal casing/crown-molding surrounding the window was bent and contained sharp edges at the bottom of the window molding next to the resident's bed, that was located level with the resident's mattress. The toilet area was damaged with water stains, discoloration, and loose wet baseboards. The toilet seat was torn off the toilet bowl and was lying in the floor next to the wall and the toilet. An additional toilet seat was broken and placed on the toilet bowl, and it was unattached to the toilet bowl.

7. Room #B11 had ceiling stains and rainwater marks/rings over the resident's bed. The walls around the window and the air conditioner were discolored and wet with rainwater marks and signs and smells of visible mold and mildew.

8. Room #B13 had walls and floors of the toilet area that were wet and showed signs of discolored baseboards from rainwater leaks. There were visible signs and smells of mold and mildew in the toilet area. The walls around the windows and around the air conditioner area had visible wet/damp areas and discolored ceilings and walls.

9. The baseboards in the hallway between rooms #B11 through #B15 were loose from the wall and damp.

10. The C-Hall/Unit contained the most severe

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observations of rainwater damages. The C-Hall/Unit consisted of 14 resident bedrooms; one (1) resident shower/bath area; and one (1) nursing station. Of the 14 resident rooms on C-Hall/Unit there was visible signs and smells of mold and mildew of eight (8) rainwater damaged rooms. The rooms included rooms #C2, #C4, #C6, #C8, #C10, #C12, #C14, and #C13.

11. The ceiling of C-Hall/Unit hallway had numerous holes that had been punched in the ceilings approximately every six (6) inches that were left uncovered and were discolored. The SA counted 60 holes in the C-hallway ceiling. The SA stopped counting holes after 60 because the holes were too numerous to count accurately. There was popcorn ceiling debris that had dropped to the floors of the entire C-Hall/Unit floors. The baseboards in the hallway of the C-Hall/Unit were loose from the walls. (Were any residents housed on C unit?)

12. Un-occupied Room #C4 had ceiling rainwater stains that were discolored and the walls around the windows were damp and contained water stains.

13. Un-occupied Room #C6 contained an opening in the ceiling that was approximately 12 inches X 12 inches square that had been cut from the ceiling that contained dark brown water stains that were visibly wet, and the wood beams and plywood were exposed. The wall areas around the windows and the air-conditioner were discolored and damp.

14. Un-occupied room #C8 contained an opening in the ceiling that was the greatest source of damage from rainwater leaks. There was visible

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debris from the ceiling materials that had fallen to the floor and on to the bed and bed linens. The entire room and toilet area was wet and contained approximately 1/8 inch of standing water and debris on the floors. The large open hole in the ceiling of room #C8 measured approximately four (4) feet X four (4) feet. The ceiling wood beams and ceiling plywood were exposed. The baseboards had peeled off the walls from the water damage to the walls, especially in the toilet area.

15. Un-occupied Room #C12 contained standing water on the floors of the bedroom and the floor tiles were buckled throughout the bedroom and toilet area. The wall in the toilet area was excessively wet and the sheetrock was crumbling and the baseboards had fallen down revealing the water damage to the walls. There was ceiling and sheetrock debris mixed in with discolored rainwater on the floors of Room #C12.

16. The hallway ceiling across from the C-Hall/Unit nursing station had a hole in the ceiling that was discolored that measured approximately six (6) inches long and ½ inch wide.

Observations on 02/28/2022 from 12:00 P.M. - 3:00 P.M., of the facility revealed that the damages from the rainwater were widespread. The complaint survey was extended on 3/1/2022 for Substandard Quality of Care (SQC) safe/clean/homelike environment, cited at F584 Scope and Severity (S//S)=F.

Observation on 03/01/2022 at 9:30 AM of the Social Workers office revealed that the ceiling was bulging.

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Interview on 03/01/2022 at 10:00 AM, with Resident #4, revealed that the rainwater had not leaked on to his bed or in his floor. Resident #4 stated that the toilet area stays wet and that he and his roommate use wheelchairs and they independently transfer on to the toilet. Res #4 stated that the toilet seat had broken several times and has had to be replaced several times. Res #4 stated that for men of their size the toilet seat is not strong and wide enough to accommodate him and his roommate. Resident #4 stated that he has put a cup or some paper towels over the broken metal area of his window to prevent bumping into it with his arms during sleep.

Record review of the Face Sheet revealed Resident #4 was admitted to the facility on 5/25/21.

Record review of Resident #4 's most recent Minimum Data Set (MDS) Section C-Cognitive Patterns, revealed that he had a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #4 was cognitively intact.

Interview on 03/01/2022 at 10:30 AM. with the Social Worker (SW) revealed that she had been the SW since 1/13/22. She had not seen any water or leaking from the ceiling, but the bulging of the ceiling and the appearance of holding water had been present since the first week of her new employment at the facility. She stated the bulging ceiling had been reported to the previous Director of Maintenance and his assistants but no repairs had been completed by the previous maintenance staff.

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Interview on 03/01/2022 at 10:40 AM, with Resident #5, revealed that she had only been placed in this room for approximately two (2) weeks. Resident #5 stated that she had not noticed any water leaking from the ceiling or on to her bed since she had been living in this room. Resident #5 stated that the discolored ceiling rainwater marks/rings had been on the ceiling above her bed since she moved in a couple of weeks prior.

Record review of the Face Sheet revealed Resident #5 had been admitted to the facility on 01/09/2019.

Record review of the most recent Minimum Data Set (MDS) Section C-Cognitive Patterns revealed that Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #5 was cognitively intact.

Interview on 03/1/2022 at 11:00 AM, with Resident #3 revealed that he was dependent upon a wheelchair. Resident #3 stated that he had lived in this room for about five (5) weeks. Resident #3 stated that he had not seen water leaking from his bedroom ceiling or from around his windows. Resident #3 did point out that it appeared from the over spray markings that the wall around the window and head of his bed may have recently been repainted. Resident #3 stated that the toilet area in his room had leaked from the ceiling and baseboards and that at times it had been so wet in his toilet area that he would go down the hall and use another toilet.

Record review of the Face Sheet revealed that Resident #3 had been re-admitted to the facility on 1/27/2022.

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Record review of the most recent Minimum Data Set (MDS) Section C-Cognitive Patterns revealed that Resident #3 had a Brief Interview for Mental Stats (BIMS) score of 15 which indicated that Resident #3 was cognitively intact.

Interview on 03/01/2022 at 1:00 PM, with the newly employed Director of Maintenance (DM) revealed that he had been hired today by the new ADM, to begin work immediately. The DM stated that he would work hard to try and get the roof repaired and the environment cleaned up. He stated that he would assist in obtaining roofers and plumbers and whatever outside contractors necessary to get things repaired. The DM stated that the roof was in disrepair and numerous patches had been placed on the flat roof previously. The DM did confirm that the roof had many areas that were leaking and that the roof needed to be properly repaired and or replaced. The DM confirmed that the weather forecast for the next week was unfavorable.

Interview with the Administrator on 03/01/22 at 3:00 PM, confirmed that the building had the open areas to the ceiling, missing and water damaged ceiling tiles, water damage to the walls in three of the four hallways when she began her employment with the company as facility ADM on 02/24/22 and that she had not contacted anyone to come and assess the damage or to have anyone come and clean up the standing water that continues to stand in the floors in some of the empty rooms and the water that is holding in the light fixtures in the social workers office. The ADM confirmed that if standing water is not removed from the facility that it could cause mold and mildew growth and could cause illness with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255136	A. BUILDING _____ B. WING _____	C 03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	**1901 BRIAR RIDGE ROAD TUPELO, MS 38804**

(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 584	Continued From page 12 the residents.	F 584		