STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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 survey and a complaint survey for MS #18682, MS #18842, and MS #19359 at the facility from 7/11/22 through 7/14/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated MS #18842 and MS #19359 and cited F584 related to safe and clean environment. The SA did not substantiate MS #18682. The facility held a license for 120 beds and had a census of 109 at the time of the survey.	F 000		
F 584 SS=D	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. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584		8/10/22

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

Electronically Signed | 08/02/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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 1 §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 observation, staff interview and resident interview the facility failed to provide a safe and clean homelike environment as evidenced by dirty floors and loose metal corner molding in resident rooms for two (2) of 64 rooms observed. Findings include: An interview, on 7/14/22 at 2:28 PM, with the Administrator confirmed the facility does not have a policy regarding building repair. An observation of room E 20 on 7/11/22 at 4:30 PM, revealed the corner of the wall by the bathroom door had metal molding approximately 2 feet long and 2 inches wide that was disconnected from the wall and would swing when touched. This observation revealed that behind the loose corner molding was a hole in the	F 584	1. On 07/14/2022 the Housekeeping Supervisor immediately deep cleaned room East two. Housekeeper Supervisor in-service one on one was conducted on 07/27/2022 by the Executive Director on housekeeping cleaning procedures to ensure residents are provided with a safe and clean homelike environment. On 07/14/2022 the Maintenance Director repaired loose metal corner molding in room East twenty. Maintenance Director in-service one on one was conducted on 07/27/2022 by the Executive Director on preventative maintenance to ensure residents are provided with a safe and clean homelike environment 2. All residents have the potential to be affected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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 2 sheetrock with crumbling sheetrock, which resulted in sheetrock dust and approximately 4 pieces of 1 inch by 1 inch sheetrock in the floor beneath the hole. An observation on 7/13/22 at 10:00 AM, revealed the corner by the bathroom with the loose corner molding and crumbling sheetrock had not been repaired. An observation and interview on 7/14/22 at 2:15 PM, with the Administrator and Maintenance Staff confirmed room E 20 had a 4-foot-long metal corner molding that was disconnected from the wall and would move when touched, with crumbling sheetrock behind the lose molding. This observation revealed sheetrock dust and pieces of sheetrock in the floor under the loose molding. An interview on 7/14/22 at 2:17 PM, with the Administrator, revealed this loose metal molding could be a hazard to the resident that could cause a skin tear. She revealed the staff going in and out of the room should have discovered this damage and reported it. An interview on 7/14/22 at 2:20 PM, with Maintenance Staff revealed the corner molding would have to be removed, mudded, sanded and the molding replaced. Review of the facility policy titled, "Housekeeping Cleaning Procedures," dated 6/18, revealed, "Policy: Resident Room Cleaning... Responsibility: ... Housekeeping staff ... Procedure: ... 16. Dust mop and damp mop floor (using BLUR microfiber flat mop)."	F 584	3. All Housekeeping/Maintenance Staff were in-serviced starting 07/29/2022 ending 07/29/2022 by the Executive Director on the facilities and preventative maintenance procedures to ensure that the resident can receive care and services safely and that the physical layout of the facility maximize resident independence and does not pose a safety risk. 4. Starting on 07/18/2022 the Housekeeping Supervisor will monitor ten rooms five times a week for four weeks for clean floors and no loose metal corner molding in residents rooms. Any concerns will be immediately addressed. The results will be forwarded to the Executive Director. The Executive Director will forward the results of the audit to the monthly Quality Assurance Committee meeting monthly times three months . The next Quality Assurance Committee meeting will be held on 08/09/2022. The Quality Assurance Committee will determine the frequency and continuation of the audit based on the results achieved and make recommendations as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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 3	F 584		

Review of a letter provided by the nursing facility, on letterhead, dated 7/14/22 and signed by the Administrator, revealed, "1. Facility does not have specific policy for homelike environment we go by Residents Bill of Rights."

Review of the document titled, "Resident Bill of Rights," dated 11/17, revealed, "Each resident has a right to ... 33. A safe clean, comfortable home like environment."

An observation on 7/11/22 at 11:30 AM, revealed the floor in room E 2 had a dark brown sticky residue on it, that extended from the entrance door of the room to the foot of the bed on the window side of the room. The area of the floor located directly outside of the bathroom entrance, had a large black spot of built up, sticky, residue, approximately 14 inches in diameter. The observation also revealed there was a buildup of black residue on the floor, located around the base of the door facing, entering the bathroom.

An observation on 7/12/22 at 09:00 AM revealed, the floor in room E 2 was still sticky, with the brown, sticky, residue on it, that extended from the entrance door of the room to the foot of the bed located on the window side of the room. The observation revealed the area of the floor located directly in front of the entrance to the bathroom still had a large black spot of built up, sticky, residue, approximately 14 inches in diameter. The observation also revealed there was a buildup of black residue, on the floor, located around the base of the door facing, entering the bathroom.

An observation on 7/12/22 at 03:45 PM revealed,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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 4	F 584		

the floor in room E 2 was still sticky, with the brown, sticky, residue on it, that extended from the entrance door of the room to the foot of bed located on the window side of the room. The observation revealed the area of the floor located directly in front of the entrance to the bathroom still had a large black spot of built up, sticky, residue, approximately 14 inches in diameter. The observation also revealed there was a buildup of black residue, on the floor, located around the base of the door facing, entering the bathroom.

An observation on 7/13/22 at 08:45 AM, revealed, the floor in room E 2 was still sticky, with the brown, sticky residue on it, that extended from the entrance door of the room to the foot of the bed located on the window side of the room. The observation revealed the area of the floor located directly in front of the entrance to the bathroom door still had a large black spot of built up, sticky residue approximately 14 inches in diameter. The observation also revealed there was a buildup of black residue on the floor located around the base of the door facing entering the bathroom.

An observation on 7/14/22 at 09:15 AM, revealed the floor in room E 2 was still sticky with the brown, sticky residue on it, that extended from the entrance door of the room to the foot of the bed, located on the window side of the room. The observation revealed the area of the floor located directly in front of the entrance to the bathroom still had a large black spot of built up, sticky residue, approximately 14 inches in diameter. The observation also revealed there was a buildup of black residue, on the floor, located around the base of the door facing, entering the bathroom.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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 5 An observation and interview on 7/14/22 at 09:30 AM, with the Administrator and the Housekeeping Supervisor, confirmed that the floor in room E 2 was sticky, with the brown, sticky, residue on it that extended from the entrance door of the room to the foot the bed, located on the window side of the room. They confirmed the observation revealed the area of the floor located directly in front of the entrance to the bathroom had a large black spot of built up, sticky residue, approximately 14 inches in diameter. They also confirmed there was a buildup of black residue on the floor located around the base of the door facing entering the bathroom. The Administrator stated the floor needed to be cleaned. The Housekeeping Supervisor confirmed the floor needed to be cleaned and the housekeeping staff should have mopped the floor every day.	F 584		