STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	**103 CUNNINGHAM DRIVE RIPLEY, MS 38663**

(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 CI MS #18980 and CI MS #18629 On 07/20/22-7/21/22 the State Agency (SA) conducted two (2) onsite complaint investigations for CI MS #18629, which alleged that the facility was not clean, smelled of urine and feces, and had flies and fly traps in the kitchen with food that was out of date/expired; and CI MS #18980 which alleged that a resident in the facility had sexually harrassed staff and residents. The SA unsubstantiated CI MS #18629. The SA did substantiate CI MS #18980 and cited defiencies at F609 Scope and Severity (S/S) "D" for failure to report alleged occurrences of abuse to the SA, and cited F610 S/S "D" for failure to thoroughly investigate an alleged violation of sexual abuse. The SA determined that the facility was not in substantial compliance with the standards of Medicare and Medicaid and cited deficiencies. The facility's resident census on 07/20/22 was 37 and the facility was licensed for 60 beds.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve	F 609		8/19/22

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

Electronically Signed | 08/19/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 1 abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview, observation, and facility policy review, the facility failed to report an allegation of sexual abuse for one (1) of five (5) residents reviewed for abuse/neglect. Resident #3. Findings: The facility policy and procedure titled: "Freedom of Abuse, Neglect, and Exploitation" dated November 2019 revealed: "This facility shall not condone any acts of resident mistreatment, neglect, verbal, sexual, physical and or mental abuse, corporal punishment, involuntary seclusion or misappropriation of resident property by any facility staff member, other residents, consultants, volunteers, staff of other agencies service the resident, family members, legal guardians, friends, or other individuals. All employees are required to immediately notify the	F 609	F609 Reporting of Alleged Violation . Resident #3 which made the allegation of a resident talking inappropriately to her, was evaluated on 7/28/2022 by the Psych Nurse Practitioner with no adverse reaction, trauma or emotional distress noted. Resident #1 was evaluated on 7/28/2022 by the Psych Nurse Practitioner who noted an inappropriate comment was made in the presence of Practitioner. The Practitioner redirected and counseled the resident during the session with the resident□s verbal understanding of his actions. The Psych Nurse Practitioner made recommendations to change resident #1□s room and continue to monitor for additional inappropriate statements or behaviors and did note the resident does not appear to be put others in any type of physical threat or in danger. The Administrator and the Social Services	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 2 administrative or nursing supervisory staff that is on duty of any complaint, allegation, observation or suspicion of resident abuse, mistreatment or neglect so that the resident's needs can be attended to immediately and investigation can be undertaken promptly." Interview on 07/20/22 at 9:30 AM with the Administrator (ADM) revealed on June 26, 2022, a report to staff was made by Resident #3 (Res #3), alleging Resident #1 (Res #1) had sexually harassed her while at "smoke break." The ADM stated that a written statement was obtained from Res #3 but no other statements were obtained. The ADM confirmed that he did not report the allegation of sexual harassment to any State agency. The ADM stated that the action he took was to advise the staff to keep Res #1 and Res #3 separated and to watch them more closely. Record review of the ADM records regarding the allegation of sexual harassment revealed a handwritten statement dated June 26, 2021, and signed by Res #3. The handwritten statement revealed: "Today (nickname of Res #1) made sexual harassment. He would keep saying to me that he wanted to have sex with me. I have been putting up with this for over a year something needs to done." Signed (Res #3). An interview on 07/20/2022 at 9:45 A.M. with the Director of Nursing (DON) revealed she had not been advised of any written reports of alleged sexual harassment of Res #3 by Res #1 and she had not reported any alleged sexual harassment to any State agency.	F 609	Director (SSD) interviewed resident #1 and made clear to the resident that this type of behavior will not be tolerated on 7/28/22. A room change was made on 7/21/22 to assign resident to a new hall and a new nurse. 2. The facility has determined that all residents who reside in the facility have the potential to be affected by this deficient practice of not reporting alleged violations. 3. Additional education on the Freedom of Abuse, Neglect and Exploitation Standard and circumstances that requires reporting alleged allegation in the appropriate timeframe was provided to the dietary staff, housekeeping staff, maintenance staff, the nursing department, the Director of Nursing, and Facility Administrator by the Nurse Educator on 7/27/2022 4. The Director of Nursing or the Social Service Director will conduct four resident interviews weekly for 30 days beginning 7/25/2022 and then monthly for three months to ensure compliance with the Freedom of Abuse, Neglect & Exploitation Standard, in reporting of alleged violations. Any concerns noted will be immediately reported to Facility Administrator for correction and evaluation in accordance to reporting requirements. Finding of/ interview will be report to Quality Assurance beginning 8/18/2022 and then monthly for 90 days by the Interdisciplinary Team and Quality Assurance Committee which consist of the Administrator, Director of Nursing, Unit	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 3 An Interview and Observation on 07/20/2022 at 12:45 P.M. with Res #3 revealed a neatly dressed female self-propelling her wheelchair. Res #3 had good command of her thoughts and language. Res #3 presented as alert, aware of her surroundings and circumstances, and was a good historian. Res #3 stated that she had been in the facility as a resident for 3 ½ years and that she was a smoker and went outside of the facility in a designated area to smoke. Res #3 stated that on June 26, 2022, as she was in line to go outside to smoke, Res #1 rolled up beside her in his wheelchair and asked her to have sex with him. Res #3 stated that on another occasion earlier in the year, Res #1 had touched her breast while she was assisting him with putting on his coat before going outside to smoke. Res #3 stated she did not report the first occurrence however she reported to the Registered Nurse (RN) Unit Manager on 06/26/2022 that Res #1 was sexually harassing her. Res #3 confirmed she had written and signed a statement dated June 26, 2021 of the allegations and given it to the RN Unit Manager on June 26, 2022. Res #3 also confirmed that she meant to put the date of June 26, 2022, instead of June 26, 2021. Res #3 confirmed that the incident of sexual harassment by Res #1 had taken place approximately one (1) month ago and as a result Res #1 had been sent out to a Behavior Unit. Res #3 also stated that she liked Res #1 and thought of him as a friend, but that on occasion he had been obnoxious, loud, and used vulgar language. Res #3 stated that for 40 years she was a waitress in a restaurant, and she had heard foul language many times but that she had grown tired of Res #1's sexual harassment and dirty comments. Res #3 stated that she had never been afraid of	F 609	Manager, Dietary Manager, Nurse Educator, Medical Records Nurse, Social Service Director, Activity Director, and Medical Director to ensure compliance with reporting alleged reportable incidents. The QA Committee will make necessary recommendation as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 4	F 609		

Res #1. Res #3 stated that after Res #3 returned from the Behavior Unit he was a different person. Res #3 stated that Res #1 was calmer, quieter, and was acting like an angel.

Interview on 07/20/2022 at 1:20 P.M. with the Certified Licensed Practical Nurse (CLPN) #2 she confirmed that Res #1 was at times loud and cussed but that she had no issues with him, and he could be easily redirected. CLPN #2 stated that being firm and direct with Res #1 was the best method of re-directing his attempts at inappropriate behaviors. CLPN #2 stated she had no knowledge of Res #1 being inappropriate to any residents.

Interview on 07/20/2022 at 1:41 P.M. with Certified Nurse Assistant (CNA #1) revealed that Res #1 was no behavior problem. CNA #1 stated that she had a good relationship with Res #1 and had no problem working with him. CNA #1 stated that she had given Res #1 baths on many occasions, and he had never acted sexually inappropriately toward her.

Interview on 07/20/2022 at 1:53 P.M. with (CNA #2) revealed that she had worked in the facility for four (4) years and had no knowledge of Res #1 being sexually inappropriate toward any residents at the facility.

Interview on 07/20/2022 at 2:15 P.M. with (CNA #3) revealed she denied knowledge of Res #1 being verbally and/or physically abusive toward other residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 5	F 609		

Interview on 07/20/2022 at 3:30 P.M. with RN Unit Manager (RN), revealed that she had documented in the progress notes of Res #1 his inappropriate behaviors and inappropriate loud abusive language toward staff and other residents. RN stated Res #1 did go to the Behavior Unit on June 28, 2022, and came back to the facility on July 8, 2022. RN stated that Res #1 has been doing well since his return from the Behavior Unit.

Interview on 07/20/2022 at 8:30 P.M. with LPN #1 revealed she was told Res #1 made sexually inappropriate comments to Res #3, but she had not talked to Res #3 about the situation.

Interview and Observation with Res #1 on 07/21/2022 at 10:30 A.M. revealed he was propelling himself down the hall in his wheelchair. Res #1 was observed to be a bilateral above the knee amputee and had on metal/steel prosthesis to both right and left stumps. Resident had pleasant expression on his face and was clean and well groomed. Res #1 stated that he was happy at the facility and the staff was good to him. He stated that he did not have any problems with the staff and had no problems with the residents. He stated that his favorite thing to do was go outside and smoke. He did not want to talk about his admission to the Behavior Unit and he changed the subject when asked.

Interview and Observation with Res #2 at 11:00 AM on 07/21/22 revealed that he was in his room with headphones on his head on his lap top

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 6	F 609		

computer. He had a roommate that was eating breakfast from a tray in his room. Res #2 was observed to present as younger than most other residents. He stated that he received good care at the facility, and he had no issues with staff or with any residents. When asked him if he had ever witnessed any resident at the facility yelling and cussing he answered yes (Res #1) cusses but sometimes I do too. It does not bother me. But I think some of the women may not like it.

Interview on 07/21/2022 at 2:00 PM with the facility ADM confirmed he had not reported the allegation of sexual harassment of Res #3 by Res #1 to any State agency.

Record review of the Progress Notes of (Res #1) revealed that Res #1 was admitted to a Behavior Unit on 06/28/2022 at 17:30 and was discharged from the Behavior Unit on 07/08/2022 at 14:52 and returned back to the facility.

Record review of the Psychiatric Discharge Summary dated 07/08/2022 from the Behavior Unit revealed the resident had been treated at the Behavior Unit twice prior to the most recent admission on 6/28/2022. The resident was discharged and returned to the facility on 07/08/2022. The discharge summary from the Behavior Unit dated 07/08/2022 listed under Chief Complaint of the resident: "They giving me so much trouble down there." "They say I am trying to feel them and have sex with them, and I do not do that." " I might have said something wrong to them." The summary revealed the resident was referred back to the Behavior Unit from (Proper

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 609	Continued From page 7 Name of Facility) reportedly because of behaviors of asking for sex, yelling, cussing. and touching inappropriately. Record review of the Face sheet of Res #1 revealed that he had an original admission date to the facility on 06/29/2020 and a readmission date of 07/28/2021. On 05/02/2022 the Minimum Data Set (MDS) documented that Resident #1 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated that he had no cognitive impairment. Record review of the Face sheet of Res #2 revealed that he was admitted by the facility on 1/30/2019. The Minimum Data Set (MDS) dated July 8, 2022, for Res #2 documented a Brief Interview of Mental Status (BIMS) score of 15 indicating that he was cognitively intact. Record review of the Face sheet of Res #3 revealed that she had an original admission date of 04/09/2019 and a readmission date of 12/06/2021. The Minimum Data Set (MDS) dated 5/19/2022 documented that Res #3 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated that she was cognitively intact.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse,	F 610		8/19/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 8 neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, resident interviews, observations, and facility policy and procedure reviews, the facility failed to thoroughly investigate an allegation of sexual abuse for one (1) of five (5) residents reviewed for thorough investigations of abuse/neglect. Resident #3 Findings: The facility policy and procedure titled: "Freedom of Abuse, Neglect, and Exploitation" dated November 2019 revealed: This facility shall not condone any acts of resident mistreatment, neglect, verbal, sexual, physical and or mental abuse, corporal punishment, involuntary seclusion or misappropriation of resident property by any facility staff member, other residents, consultants, volunteers, staff of other agencies service the resident, family members, legal guardians, friends, or other individuals... All employees are required to immediately notify the administrative or nursing supervisory staff that is on duty of any complaint, allegation, observation or suspicion of resident abuse, mistreatment or neglect so that the resident's needs can be	F 610	F610 Investigate/Prevent/Correct Alleged Violation . Resident #3 which made the allegation of a resident talking inappropriately to her, was evaluated on 7/28/2022 by the Psych Nurse Practitioner with no adverse reaction, trauma or emotional distress noted. Resident #1 was evaluated on 7/28/2022 by the Psych Nurse Practitioner who noted an inappropriate comment was made in the presence of Practitioner. The Practitioner redirected and counseled the resident during the session with the resident□s verbal understanding of his actions. The Psych Nurse Practitioner made recommendations to change resident #1□s room and continue to monitor for additional inappropriate statements or behaviors and did note the resident does not appear to be put others in any type of physical threat or in danger. The Administrator and the Social Services Director (SSD) interviewed resident #1 and made clear to the resident that this type of behavior will not be tolerated on 7/28/22. A room change was made on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 9 attended to immediately and investigation can be undertaken promptly. All alleged violations involving mistreatment, abuse or neglect will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with state and federal law. Interview on 07/20/22 at 9:30 AM with the Administrator (ADM) revealed on June 26, 2022, a report had been made by Resident #3 (Res #3) to staff, that Res #1 had sexually harassed her while at "smoke break." ADM stated that a written statement was obtained from Res #3 but no other statements were obtained. The ADM confirmed that there were no statements taken from any staff members and there were no statements taken from any other residents, the only written statement taken was from Res #3. ADM stated that he has copies of his investigation that he had began on June 29, 2022. The ADM stated that the action he took was to advise the staff to keep Res #1 and Res #3 separated and to watch them more closely. Record review of the facility ADM records revealed a handwritten statement dated June 26, 2021, and signed by Res #3. The handwritten statement revealed: "Today (nickname of Res #1) made sexual harassment. He would keep saying to me that he wanted to have sex with me. I have been putting up with this for over a year something needs to done." Signed (Res #3). (Quoted directly the handwritten statement of Res #3 as it was written by her). Record review of an undated, unsigned, typed document, obtained from the facility administrator (ADM) revealed: "It is reported by Certified	F 610	7/21/22 to assign resident to a new hall and a new nurse. 2. The facility has determined that all residents who reside in the facility have the potential to be affected by this deficient practice of not investigating alleged violations. 3. Additional education on the Freedom of Abuse, Neglect and Exploitation Standard and circumstances that requires reporting alleged allegation in the appropriate timeframe was provided to the dietary staff, housekeeping staff, maintenance staff, the nursing department, the Director of Nursing, and Facility Administrator by the Nurse Educator on 7/27/2022 4. The Director of Nursing or the Social Service Director will conduct four resident interviews weekly for 30 days beginning 7/25/2022 and then monthly for three months to ensure compliance with the Freedom of Abuse, Neglect & Exploitation Standard, in reporting of alleged violations. Any concerns noted will be immediately reported to Facility Administrator for correction and evaluation in accordance to reporting requirements. Finding of interview will be report to Quality Assurance beginning 8/18/2022 and then monthly for 90 days by the Interdisciplinary Team and Quality Assurance Committee which consist of the Administrator, Director of Nursing, Unit Manager, Dietary Manager, Nurse Educator, Medical Records Nurse, Social Service Director, Activity Director, and Medical Director to ensure compliance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 10	F 610		

Nursing Assistant (CNA) that during 2100 smoke break, Res #1 rolled over close to Res #3 and was overheard whispering, " ....nobody has to know ....." Res #1 continued to repeat this and similar remarks to Res #3. Once smoke break was completed, CNA reported to Licensed Practical Nurse (LPN). Both LPN and CNA then entered Res #3's room and made inquiry. Res #3 stated, "He keeps asking me to come to this room to have sex." Res #3 further accounted, once he asked me to assist him with his jacket and when I went to do so, he grabbed my breast." Res #3 was advised to notify staff whenever she felt uncomfortable. Res #3 is now in bed for the night. Will inform oncoming AM shift." (Quoted directly from the ADM's records). The typed documentation outlining the report of sexual harassment of Res #3 by Res #1 was obtained from the records of the facility ADM.

Interview on 07/20/2022 at 9:45 A.M. with the Director of Nursing (DON) revealed she had not been advised of any written reports of alleged sexual harassment of Res #3 by Res #1. DON confirmed that she had not completed an investigation of alleged sexual harassment that was reported on June 26, 2022, between Res #1 and Res #3.

Interview and Observation on 07/20/2022 at 12:45 P.M. with Res #3 revealed the resident presented as alert, aware of her surroundings and circumstances, and was a good historian. Res #3 stated that she had been in the facility as a resident for 3 ½ years and that she was a smoker who went outside to a designated area to smoke with other smokers. Res #3 stated that on June 26, 2022, as she was in line to go outside to

with reporting alleged reportable incidents. The QA Committee will make necessary recommendation as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 11	F 610		

smoke Res #1 rolled up beside her in his wheelchair and asked her to have sex with him. Res #3 stated that on another occasion earlier in the year, Res #1 had touched her breast while she was assisting him with putting on his coat before going outside to smoke. Res #3 also stated that she liked Res #1 and thought of him as a friend, but that on occasion he was obnoxious, loud and used vulgar language. Res #3 stated that for 40 years she was a waitress in a restaurant, and she had heard foul language many times but that she had grown tired of Res #1's sexual harassment and dirty comments. Res #3 stated she reported to the Registered Nurse (RN) Unit Manager on 06/26/2022 that Res #1 was sexually harassing her. Res #3 confirmed that the handwritten statement dated June 26, 2021, and signed by her, was written by her and given to the RN Unit Manager on June 26, 2022. Res #3 also confirmed that she meant to put the date of June 26, 2022, instead of June 26, 2021. Res #3 confirmed that the incident of sexual harassment by Res #1 had taken place approximately one (1) month ago and that Res #1 had been sent out to a Behavior Unit. Res #3 stated that since Res #3 returned from the Behavior Unit he was a different person. Res #3 stated that Res #1 was calmer, quieter, and was acting like an angel.

Interview on 07/20/2022 at 1:20 P.M. with the Certified Licensed Practical Nurse (CLPN) #2 confirmed Res #1 was at times loud and cussed but that she had no issues with him, and he could be easily redirected. CLPN #2 had no knowledge of Res #1 being inappropriate to any residents. CLPN #2 had not been asked to give a statement in an investigation and has no knowledge of an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 12	F 610		

investigation being conducted.

Interview on 07/20/2022 at 1:41 P.M. with CNA #1 stated that she had no knowledge of Res #1 being inappropriate toward another resident at the facility. CNA #1 stated that she had not been asked to give a statement and had no knowledge of an investigation for Res #1.

Interview on 07/20/2022 at 1:53 P.M. with CNA #2 revealed that she had worked in the facility for four (4) years. CNA #2 stated she was not aware of an allegation that Res #1 had sexually harassed Res #3 and had not been asked to give a statement for an investigation.

Interview on 07/20/2022 at 2:15 P.M. with CNA #3 confirmed that she had not been interviewed by the facility as part of an investigation into Res #1's behaviors. CNA #3 denied knowledge of Res #1 being verbally and/or physically abusive toward other residents.

Interview on 07/20/2022 at 3:30 P.M. with RN Unit Manager (RN), revealed that she had documented in the progress notes Res #1's inappropriate behaviors and inappropriate loud abusive language toward staff and other residents. RN reported she had no knowledge of a facility investigation of Res #1's behaviors. RN stated that she was not asked any information concerning Res #1 and had no knowledge of a facility investigation. RN stated that Res #1 did go to the Behavior Unit on June 28, 2022, and came back to the facility on July 8, 2022. RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 13	F 610		

stated Res #1 had been doing well since his return from the Behavior Unit.

Record review of the Progress Note of Res #1 dated 06/25/2022 at 22:45 and signed by RN revealed: "It is reported that during 2100 smoke break, resident (Res #1) rolled over to female resident (Res #3) and was overheard whispering, " ....nobody has to know ....." Resident continued to repeat this and similar remarks to Res #3. Once smoke break was completed, CNA reported to LPN. LPN and CNA then entered Res #3's room and made inquiry. Res #3 stated, "He keeps asking me to come to this room to have sex. Res #3 further accounted that once, he asked me to assist him with his jacket and when I went to do so, he grabbed my breast."

Interview and Observation with Res #1 on 07/21/2022 at 10:30 A.M. revealed him self propelling himself down the hall in his wheelchair. Resident was observed to be a bilateral above the knee amputee and was wearing metal/steel prosthesis to both right and left stumps. Res #1 had a pleasant expression on his face and was clean and well groomed. Res #1 stated that he was happy at the facility and the staff was good to him. The resident he did not have any problems with the staff and had no problems with the residents. He stated that his favorite thing to do was go outside and smoke. He did not want to talk about his admission to the Behavior Unit and he changed the subject when asked.

Interview and Observation with Res #2 at 11:00 AM on 07/21/22 revealed resident was in his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	103 CUNNINGHAM DRIVE RIPLEY, MS 38663

(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 610	Continued From page 14	F 610		

room watching his computer screen with headphones on. Res #2 was observed to present as younger than most other residents. He stated that he received good care at the facility, and he had no issues with staff or with any residents. When asked if he had ever witnessed any resident at the facility yelling and cussing he stated he had and said "Res #1 cusses but I do too." Res #2 stated the cursing did not bother him but he thought some of the women may not like it. Res #2 stated that no one at the facility had asked him any questions and no one had obtained a statement from him regarding cussing and loud yelling of any resident.

Interview on 07/21/2022 at 2:00 PM with the facility ADM revealed he had obtained a written statement of Res #3 reporting that Res #1 had sexually harassed her. The ADM had not obtained statements from and/or interviewed other residents and other staff in the facility as to the events reported by Res #3. The ADM stated he did not conduct a thorough investigation. and confirmed that he did not obtain a statement from Res #1. ADM stated that he did not obtain statements of any possible witnesses as to the events of the alleged sexual abuse/harassment of Res #3 by Res #1.

Record review of the Face sheet of Res #1 revealed that he had an original admission date to the facility on 06/29/2020 and a readmission date of 07/28/2021. On 05/02/2022 the Minimum Data Set (MDS) documented that Resident #1 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated that he had no cognitive impairment.

Record review of the Face sheet of Res #2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255247	A. BUILDING _____ B. WING _____	C 07/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN HEALTH AND REHABILITATION	**103 CUNNINGHAM DRIVE RIPLEY, MS 38663**

(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 610	Continued From page 15 revealed that he had an original admission date of 1/30/2019. The Minimum Data Set (MDS) dated July 8, 2022, for Res #2 documented a Brief Interview of Mental Status (BIMS) score of 15 indicating that he was cognitively intact. Record review of the Face sheet of Res #3 revealed that she had an original admission date of 04/09/2019 and a readmission date of 12/06/2021. The Minimum Data Set (MDS) dated 5/19/2022 documented that Res #3 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated that she was cognitively intact.	F 610		