STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255228	A. BUILDING _____ B. WING _____	10/28/2022

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DELTA REHABILITATION AND HEALTHCARE CENTER	200 DR MARTIN LUTHER KING JR DRIVE CLEVELAND, MS 38732

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification and complaint survey for MS #19658 at the facility from 10/25/22 through 10/28/22. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation.The SA substantiated MS #19658 for incident and accidents and cited F689. The SA also cited regulatory deficiences at F584 and F919. The census at the time of the survey was 65. The facility was certified for 75 beds.	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		11/22/22

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

Electronically Signed | 11/16/2022

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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 and resident interview, record review and facility policy review the facility failed to provide a clean and sanitary environment and a building in good repair, as evidenced by, urine odors, unclean fall mat and resident room floors for four (4) of 65 residents reviewed. Resident #2, #17, #27, and #33. Findings include: Resident #17 An observation, on 10/25/22 at 11:10 AM, revealed there was no doorknob on the inside of Resident #17's room door. This observation revealed Licensed Practical Nurse (LPN) #1 entered the room and when she tried to exit, was unable to open the door. LPN #1 revealed that she forgot that the resident did not have a doorknob.	F 584	Preparation and submission of this plan of correction by Delta Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusion set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. 1.The doorknob was replaced in Resident #17's room on 10/25/22 by the Maintenance Director. Resident #2 furniture was moved out and room was cleaned, removing crumb particles and black residue on floor by the Housekeeping Supervisor on 10/26/22. On 10/26/22 CNA #2 plugged Resident #2's bed remote in and adjusted bed. On	

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F 584	Continued From page 2 An observation, on 10/25/22 at 11:42 AM, revealed Resident #17 knocking on her room door from the inside. This observation revealed the Director of Nurses (DON) walking past Resident #17's room door and heard the knocking, opened the door, and realized that Resident #17 could not open the door to get out. This observation revealed the DON told Resident #17 that she did not realize that she was knocking because there was no doorknob on the inside of the room door. An interview, on 10/25/22 at 2:00 PM with LPN #1 confirmed she had noticed that Resident #17 did not have a doorknob on the inside of the room door and did not put in a maintenance request to fix the doorknob. She revealed when something needs fixing she tells the DON or the Administrator, but she had not done that. An interview, on 10/25/22 at 02:33 PM, with Resident #17 revealed there had been no doorknob on the inside of her room door since she moved back in that room, one week ago. An interview, on 10/26/22 at 1:00 PM with the Maintenance Director revealed the bathrooms in the facility were being remodeled and while construction was working on that particular bathroom, they changed the doorknob so they could lock the door. He revealed when they completed Resident #17's room, they forgot to change the doorknob out completely, they removed the back part of the doorknob and never replaced it. He revealed he was unaware that the doorknob was missing on Resident #17's room until someone told him sometime yesterday. He	F 584	10/26/22 the Housekeeping Supervisor cleaned Resident #27's floor to remove urine. Resident #33's grey fall mat and black residue was cleaned on 10/26/22 by the Housekeeping Supervisor. 2. All residents have the potential to be affected. 3. The Maintenance Director was educated on ensuring bed remotes and doorknobs are properly working on 10/25/22 and 11/11/22 by the Administrator. The Housekeeping Supervisor was educated on ensuring cleanliness of floors and fall mats on 10/26/22 and 11/11/22 by the Administrator. In-servicing 8 of 8 housekeeping staff was educated on cleanliness of resident's rooms on 11/14/22 by the Housekeeping Supervisor. 4.Beginning the week of 10/31/22, the Maintenance Director will conduct 3 audits weekly to ensure all residents doorknobs and bed remotes are working for 4 weeks and monthly for two months and quarterly thereafter. Beginning the week of 10/31/22 the Housekeeping Supervisor will conduct 3 audits weekly of all residents rooms to ensure cleanliness of floors and fall mats for 4 weeks and monthly for two months and quarterly thereafter. A report will be submitted to the Quality Assurance Performance Improvement Committee on 11/15/22 for review and recommendation and then monthly for three months. The	

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F 584	Continued From page 3 revealed that maintenance request gets put in computer maintenance program and that is how we see what needs to be done. An interview on 10/26/22 at 1:25 PM the Administrator revealed that Resident #17 not having a doorknob on the inside of the room door is not good, because if the resident fell, we might not be able to hear her. She confirmed that any staff member can enter a maintenance request in computer maintenance program. An interview, on 10/26/22 at 2:00 PM, with the DON confirmed that Resident #17 did not have an inside doorknob on her room door, and she walked past the resident's room and heard her knocking on the door from the inside. She confirmed that she had to open the door for the resident and let her out because she could not get out of that door due to not having a doorknob. She confirmed that not having a doorknob on the inside of the room door could have been a bad thing, for example if the resident had fallen. Record review of Resident #17's Face Sheet revealed she was admitted to the facility on 8/29/16 with medical diagnoses that included Unspecified Dementia with other Behavioral Disturbances. Record review of Resident #17's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/9/22 revealed a Brief Interview for Mental Status (BIMS) score of 08, which indicated the resident was severely cognitively impaired.	F 584	Administrator is responsible for on-going monitoring and compliance.	

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Resident #2

Record review of the facility policy titled, "Daily Patient Room Cleaning," revised 9/5/2017, revealed, "... 4) Dust mop floor. Use dust mop to gather all trash and debris on floor. Sweep to the door; pick up with dustpan ... 5) Damp mop floor with germicide solution damp mop floor working from back corner to door."

An observation and interview on 10/25/22 at 10:58 AM, of Resident #2's room revealed loose brown crumb looking particles on the floor behind his dresser and next to his bed. Resident #2's floor was covered in a black residue, that extended from the entry door, past his roommate's bed, and over to Resident #2's window side of the room. State Agency (SA) walked through a liquid on Resident #2's floor, beside his roommate's bed, and tracked black footprints across the floor to Resident #2's side of the room. Resident #2 revealed he did not remember the last time his floor had been cleaned. The remote control for resident's bed was not plugged into the bed. Resident revealed he is not able to adjust his bed and had not been able to do so for a while. Resident could not recall how long he had not had access to the bed remote control.

An observation and interview on 10/25/22 at 03:56 PM with Resident #2 revealed loose brown crumb looking particles on the floor behind his dresser, next to his bed. There was a covering of black residue on the floor that extended from the entry door, past resident's roommate's bed, over

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to resident's bed on the window side of the room.

An observation and interview with Resident #2 on 10/26/22 at 08:45 AM, revealed there was brown crumb looking particles on the floor behind Resident #2's dresser. Resident #2's floor had dried foot tracks, of black residue, that were made by SA walking through a wet residue that was on the floor on the previous day. Resident revealed that he did not see anyone clean his room yesterday.

An interview on 10/26/22 at 02:00 PM, with Licensed Practical Nurse (LPN) #2, revealed she was not aware Resident #2's bed remote control was not plugged in and that he was not able to adjust his bed.

An interview on 10/26/22 at 02:05 PM with Certified Nurse Aide (CNA) #2, revealed she made Resident #2's bed and had to plug the bed's remote control into the bed to adjust it.

An observation and interview on 10/26/22 at 02:10 PM, with the Housekeeping Supervisor revealed he was not aware that Resident #2's floor had black residue on it. He stated he was the one who had cleaned the floor of Resident #2's side of the room, after the SA brought the condition of the floor to his attention but he did not move the dresser to clean the crumb looking particles from behind it. The Housekeeping Supervisor revealed the resident's room not being clean indicated the resident was not living in a clean and homelike environment.

An observation and interview on 10/26/22 at 02:25 PM, with the Administrator, confirmed the floor in Resident #2's room had black residue

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over it, confirmed that there were dried footprints of black residue tracked on the floor, confirmed Resident #2 should have had his bed's remote control plugged in to reposition himself for comfort. The Administrator confirmed Resident #2 was not being provided a clean and homelike environment.

Record review of the Face Sheet for Resident #2 revealed an admission date of 6/2/21.

Record review of the invoice from the electrical supply company revealed light bulbs were picked up by the nursing facility on 9/20/22.

Record review of Section C of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 8/22/22, revealed Resident #2 has a Brief Interview for Mental Status (BIMS) score of 08, indicating Resident #2 is moderately cognitively impaired.

Resident #27

An observation on 10/25/22 at 03:02 PM for Resident #27 revealed his room smelled like urine and the floor was sticky. The SA could hear her shoes as they released from the floor. The floor appeared to have a hazy residue over it.

An observation on 10/26/22 at 08:40 AM, revealed Resident #27's room smelled like urine, the floor was sticky when walked on, and the hazy residue was still over the floor.

An observation and interview on 10/26/22 at 02:20 PM, with Housekeeper #2, revealed he had not mopped Resident #27's floor and noted the

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room did smell like urine.

An interview on 10/26/22 at 02:25 PM, with the Housekeeping Supervisor revealed he was aware that Resident #27's room needed to be cleaned. He revealed he was not aware resident's floor was sticky and smelled like urine. The Housekeeping Supervisor revealed the floor should have already been cleaned and it was not a homelike environment for the resident.

An observation and interview on 10/26/22 at 02:30 PM, with the Administrator confirmed the floor was sticky when walked on, the room smelled like urine, the floor should have been cleaned, and it was not a clean homelike environment for Resident #27.

Record review of the Face Sheet for Resident #27 revealed an admission date of 7/19/2021.

Record review of Section C of the Annual MDS Assessment, with an ARD of 7/15/22, revealed Resident #27 has a BIMS score of 12 indicating Resident #27 is cognitively intact.

Resident #33

An observation and interview on 10/25/22 at 11:00 AM revealed Resident #33's grey fall mat was covered in a thin layer of black residue that appeared to be wet. The seam on the mat had black residue collected in it. There was light yellow colored liquid on the floor under resident's bed. The SA walked over the mat and tracked wet, black footprints onto the floor. Resident #33 confirmed there was black residue on the mat.

An observation on 10/26/22 at 08:45 AM revealed

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Resident #33 had the black residue covering his grey fall mat, and the mat did appear to be dry. The floor was observed to still have the footprints of black residue tracked on the floor, from the grey fall mat, by SA the day before. The area under the bed appeared to be dry during this observation.

An observation on 10/26/22 at 11:15 AM revealed Resident #33's grey fall mat was still covered in the black residue, was propped up against a chair on the other side of the room, and there was moisture noted on the floor under Resident #33's bed.

An observation and interview on 10/26/22 at 02:20 PM with Housekeeper #2, confirmed that Resident #33 had black residue over the floor and revealed there was moisture under the bed. He confirmed the grey fall mat was covered in a black residue and it needed to be cleaned.

An interview on 10/26/22 at 02:27 PM with the Housekeeping Supervisor confirmed he was aware of the grey fall mat being covered in the black residue, and that there was moisture under Resident #33's bed. The Housekeeping Supervisor revealed Resident #33's room needed to be deep cleaned more often, was only presently scheduled to be deep cleaned once a month, and Resident #33 was not being provided with a clean and homelike environment.

An observation and interview on 10/26/22 at 02:33 PM with the Administrator, confirmed Resident #33's grey fall mat still had a covering of black residue on it and the floor, and that his floor needed a deep cleaning. The Administrator revealed resident was not being provided a

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F 584	Continued From page 9 homelike environment due to the cleaning needs that were not adequately attended to in his room. Record review of the Face Sheet for Resident #33 revealed an admission date of 7/03/2020. Record review of the "October 2022 Deep Clean" scheduled for Resident #33's room revealed it to be scheduled for a deep cleaning once a month. Record review of Section C of the Quarterly MDS Assessment, with an ARD of 8/30/22, revealed Resident #33 has a BIMS of 11, indicating Resident #33 is moderately cognitively impaired.	F 584		
F 919 SS=D	Resident Call System CFR(s): 483.90(g)(1)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record review and facility policy review, the facility failed provide access to the call light for one (1) of 64 residents observed.. Resident #2 Findings include: Review of the policy titled, "Answering the Call Light," revised March 2021, revealed, "Purpose ...	F 919	1. CNA #2 moved Resident #2's call light within reach on 10/26/22. The Maintenance Director conducted and audit of 62 of 62 resident's call lights to ensure call lights were within reach on 10/26/22; no negative issues identified. 2. All residents have the potential to be affected.	11/22/22

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F 919	Continued From page 10 The purpose of this procedure is to ensure timely responses to the resident's requests and needs. ... 5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident." An observation and interview on 10/25/22 at 10:58 PM, with Resident #2 revealed he did not have a call light and he could not call for help. Resident #2's call light was observed to be caught under the base board that was lifted and loose from the floor and was laying on the floor under the dresser next to resident's bed. An observation on 10/25/22 at 03:56 PM, revealed that Resident #2's call light was still observed to be stuck under the baseboard on the floor behind his dresser. An observation on 10/26/22 at 08:45 AM, revealed Resident #2's call light was still on the floor stuck under the lifted baseboard behind his dresser. An interview on 10/26/22 at 2:00 PM, with Licensed Practical Nurse (LPN) #2 revealed she was not aware Resident #2 did not have access to his call light. She revealed she did not check the room for the call light being in reach. An interview on 10/26/22 at 2:05 PM, with Certified Nurse Aide (CNA) #2 revealed she had been assigned to Resident #2 previously but he had never informed her that he did not have his call light. CNA #2 revealed she was in Resident #2's room to clean at 08:30 AM and confirmed she did not move the call light within reach for Resident #2. CNA #2 revealed it is the responsibility of the CNAs to place the residents	F 919	3. The Maintenance Director and Clinical staff were educated on ensuring call lights are within reach when exiting residents' room on 10/27/22 and 11/14/22 by the Administrator. 4. Beginning the week of 10/31/22, the Maintenance Director or designee will conduct 3 audits weekly to ensure all residents call lights are within reach for 4 weeks and monthly for two months and quarterly thereafter. A report will be submitted to the Quality Assurance Performance Improvement Committee on 11/15/22 for review and recommendation and then monthly for three months. The Administrator is responsible for on-going monitoring and compliance.	

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F 919	Continued From page 11 call lights within reach. An observation and interview on 10/26/22 at 02:25 PM, with the Administrator confirmed residents should have access to their call lights to call for help when needed. Record review of the Face Sheet for Resident #2 revealed an admission date of 6/2/21 with a diagnosis of Disorder of Adrenal Gland, Unspecified. Record review of Section C of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 8/22/22, revealed Resident #2 has a Brief Interview for Mental Status (BIMS) score of 08, indicating Resident #2 is moderately cognitively impaired.	F 919		