MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RH	A. BUILDING: _____ B. WING _____	02/02/2023

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with a complaint investigation (CI) MS #20556 from 1/31/23 through 2/2/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and cited M 815 for the storage of food and M500 for resident rights. No deficient practice was found for CI MS#20556. The census at the time of the survey was 40 with a bed capacity of 60.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically	M 500		3/10/23

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M 500	Continued From page 1 contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is	M 500		

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M 500	Continued From page 2	M 500		

given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the

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M 500	Continued From page 3 facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observations, resident and staff interviews, record review, and facility policy	M 500	m 0500 Reasonable Accommodations Needs/Preferences 1. A new full body sling was ordered on 01.26.2023 and provided immediately on	

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M 500	Continued From page 4 review, the facility failed to ensure the accommodation of a resident's needs were met as evidenced by the absence of a full lift sling pad to utilize in a transfer of a resident from bed to chair for one (1) of five (5) residents that required full lift sling pads. Resident #8 Findings include: Record review of facility policy titled, "Resident Rights and Dignity Management: Accommodation of Needs", dated May 2022, revealed, "Our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity and well-being. 1. The resident's individual needs and preferences shall be accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered. 2. The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an ongoing basis. 3. In order to accommodate individual resident needs and preferences, staff attitudes and behaviors must be directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible and in accordance with the resident's wishes." An observation and interview with Resident #8 on 1/31/23 at 11:00 AM, revealed the resident was awake and alert and lying in bed with the head of his bed elevated. His wheelchair was observed in his room near his bed. Resident #8 stated that he likes to get up in his wheelchair, but he is still in the bed because the facility does not have a lift	M 500	2.02.2023 for Resident #8's use. Once sling arrived, resident was placed into chair and resident's needs were met. 2. All resident's residing at Rest Haven Health and Rehab that are dependent upon a mechanical lift for mobilization are at risk for being affected by this deficient practice. 3. Three additional body slings were ordered on 02.02.23 to ensure slings are available to residents that utilize them. Education for all staff provided via Relias on Resident Rights on 02.03.2023 with completion date of 02.10.23 . The staff was also educated 02.03.23 by Nurse Educator in person on Resident's Rights and the urgency to immediately notify the Administrator or Director of Nursing if equipment is needed. Most importantly if this is in direct relation to resident rights. 4. Nursing Management team which consists of Director of Nursing, Unit Manager, Register Nurse Supervisors and Certified Nursing Assistant Supervisor, will conduct two resident interviews weekly for 30 days beginning on 02.10.2023 and then monthly beginning on 03.13.2023 for 2 months to ensure that resident rights are being met ending May 9,2023. The Certified Nursing Assistant supervisor will also do a weekly audit using a inventory check list with Periodic automatic replacement levels to ensure that we always have an adequate number on hand . The monitoring we have in place for this will be discussed at our monthly Quality Assurance and Performance Improvement	

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M 500	Continued From page 5 sling pad available to get him out of his bed and into his wheelchair. He stated the facility is a sling short and if the slings are already in use, he has to wait until one becomes available. He stated that the staff asked him earlier about getting up, but he is limited with the amount of time he can sit up in the wheelchair and he prefers to use his wheelchair time to eat lunch in the dining room. An interview on 1/31/23 at 11:30 AM, with Registered Nurse (RN) #3 revealed the facility only has a certain number of total lift sling pads, and this resident needs the extra-large size and all the slings that size are in use for other residents. She stated that the resident did not want to get up earlier and the slings were used on other residents and that Resident #8 had asked her about getting up and she told him they would get him up when a sling became available, and that would be when one of the residents using the sling was put back to bed. An observation and interview with Resident #8 on 1/31/23 at 2:30 PM, revealed the resident lying in bed with the head of his bed elevated. Resident #8 stated that he has not been assisted to his wheelchair yet and he had to eat his lunch in his room today because they were not able to get him up to go to the dining room because there were not any sling pads available. An observation and interview with Resident #8 on 2/1/23 at 9:00 AM, revealed the resident was lying in bed with the head of the bed elevated. The resident stated he was not able to get up at all yesterday, but he was hopeful that he would be able to get up for lunch today. On observation and interview with Resident #8 on	M 500	meeting on 3.9.2023 then for next 2 months completing on 5.9.23.	

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M 500	Continued From page 6 2/1/23 at 2:30 PM, revealed the resident lying in bed. He stated that he was able to go to lunch in the dining room and he was able to sit up for about an hour. An interview with the Certified Nursing Assistant (CNA) Supervisor on 2/1/23 at 3:20 PM, revealed that last week an extra-large sling had a tear in it, and it was discarded due to safety concerns. She stated a replacement sling was ordered, but it had not come in yet. She stated that an extra-large full body sling was used for Resident #8, and since one was discarded, the facility was one short of the extra-large slings. The facility does have a cross body size large sling that crosses between the resident's legs, but most residents do not like it because it hurts their legs and prefer the full body sling and prefer to wait until it is available. The CNA Supervisor confirmed that Resident #8 requires the extra-large sling. She stated that yesterday morning, the resident was not ready to get up and apparently, when he wanted to get up, there were no slings available since they were all in use on other residents. A sling was not available until after lunch when another resident was placed back in the bed. She confirmed that she was unaware that Resident #8 had changed his mind and had wanted to get up for lunch. An interview on 2/2/23 at 9:20 AM, with the Nurse Educator who was filling in for the Director of Nursing (DON), revealed there were four residents that required the extra-large full body sling (including Resident #8) and the facility had three extra-large slings for the full body lift and they were waiting for the replacement to be received. She confirmed that Resident #8 uses an extra-large full body sling and that the facility failed to provide an adequate number of needed	M 500		

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M 500	Continued From page 7	M 500		

slings for the lift and therefore was unable to accommodate Resident #8's needs. She confirmed the resident had a right to eat lunch in the dining room as desired, and he was unable to do so.

An interview on 2/2/23 at 12:05 PM, with the Administrator revealed he was aware that one of the full body lift slings had to be removed from use due to having a tear in it and the replacement was on order and should arrive today or tomorrow. He revealed he was unaware of an incident that occurred when Resident #8 was unable to get out of his bed and into his wheelchair due to a lack of slings and stated, "This should have never happened." He stated this is not a usual occurrence since Resident #8 is often up in his chair and propelling around the facility. He revealed that as far as he knew, a sling could be removed from underneath the resident once the resident was in the chair and could be cleaned and used on another resident and confirmed that a resident having to remain in bed due to a lack of slings is "not acceptable". The Administrator confirmed the facility failed to provide Resident #8 with the accommodations needed for transfer from the bed to the wheelchair.

Record review of Resident #8's Admission Record revealed he was admitted to the facility on 4/7/21 with diagnoses of Reduced Mobility, Paraplegia, and Seizures.

Record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/3/22, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident was cognitively intact.

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M 655	Continued From page 8	M 655		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, and facility policy review, the facility failed to prevent possible contamination as evidenced by failure to properly store nebulizer and oxygen cannula in a manner to prevent bacteria growth for four (4) of ten (10) residents receiving respiratory services. Resident #3, Resident #4, Resident #12, Resident#30. Findings include: Review of the facility policy titled, "Oxygen, Administration - Delivery Device" with revision date 01/2023 revealed, "Purpose" To provide oxygen support when indicated via appropriate delivery device to achieve or maintain adequate oxygenation to the respiratory compromised resident." Review of the policy titled, "Aerosolized Medication (Neb Med) Under Procedure, "17. Rinse the nebulizer and mouthpiece. Shake to air dry and store in a plastic bag that is labeled with the resident's name and room number." Resident #3	M 655	F695: Respiratory/Tracheostomy Care and Suctioning 1. Oxygen cannulas and nebulizer masks for resident 1, 2, 3, and 4, were immediately replaced and properly stored in plastic bags by unit manager on 1/31/23. 2. All residents residing at Rest Haven Health and Rehab receiving respiratory services are at risk for being affected by this deficient practice. 3. Education on Respiratory Management was provided to Nursing staff in person by our Nurse Educator on 02.03.2023 and assigned via Relias on 02.03.2023 with a completion date of 02.10.2023. Education on Infection Control was provided to clinical staff in person on 02.03.2023 by Nurse Educator and via Relias on 02.03.2023 with a completion date of 02.10.2023. 4. Unit Manager/register nurse Supervisors to make daily audits using the Oxygen/Nebulizer audit form for 30 days beginning 02.03.2023 to ensure of proper storage of respiratory equipment. The	3/10/23

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M 655	Continued From page 9 An observation on 01/31/23 at 9:35 AM and again at 11:35 AM revealed Resident #3 lying in bed with a nebulizer machine sitting on top of the bedside table. The nebulizer mask was attached to the machine and laying exposed and not in a plastic bag. A record review of Resident #3's face sheet revealed the resident was admitted to the facility on 8/30/2019 with diagnoses that included, Chronic Obstructive Pulmonary Disease and Heart Failure. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/8/2022 revealed Resident #3 with a Brief Interview for Mental Status (BIMS) score of 02, which indicated the resident has a severe cognitive impairment. Resident #4 On 01/31/23 at 9:35 AM, an observation of Resident # 4's room revealed that her nebulizer face mask was on her nightstand and was not in a plastic bag. It was observed that her oxygen nasal cannula tubing was on the floor under the left edge of her bed. On 01/31/23 at 11:10 AM, observed Resident #4's nebulizer on the nightstand at the left side of her bed with the inner part of the face mask touching the top surface of the nightstand. On 02/02/23 at 10:15 AM, observed Resident #4 sitting up in her wheelchair in her room and observed the nebulizer on top of her three-drawer nightstand with the interior part of the face mask touching the surface of the table.	M 655	Director of nursing /Nurse Educator will complete 5 audits using the Oxygen/Nebulizer audit form weekly x4 weeks beginning 02.10.2023 then 5 audits biweekly for 60 days to ensure proper storage of respiratory equipment. The monitoring we have in place for this deficiency will be discussed at our monthly Quality Assurance and Performance Improvement meeting on 3.9.23 and then monthly for 2 months completing on 5/9/23.	

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M 655	Continued From page 10 On 02/02/23 at 10:20 AM, Registered Nurse (RN) #2 confirmed that Resident #4's nebulizer face mask was located on top of the nightstand and that it was supposed to be in a plastic bag. She revealed that the face mask or nasal cannula left open to air could cause infection for the resident. Record review of Resident #4's Admission Record revealed her original admission date of 07/07/2017 with the following diagnoses to include: Chronic Obstructive Pulmonary Disease, Stage 4 Chronic Kidney Disease, Type 2 Diabetes, Heart Failure, Dementia. Record review of Resident #4's Minimum Data Set (MDS) dated 12/05/2022 revealed Brief Interview for BIMS score of 08 which indicated moderate cognitive deficit. Resident #12 On 01/31/23 at 9:15 AM, an observation revealed Resident #12 lying in his bed with oxygen in use at 3 Liters by nasal cannula (BNC). An observation of the resident's nebulizer machine on top of the three-drawer nightstand to the right of his bed with his face mask open to air and not placed in a plastic bag. On 01/31/23 at 11:00 AM, observed Resident #12's nebulizer on the nightstand with the facemask open to air and not in clear plastic bag. Record review of Resident #12's Admission Record revealed that he was admitted on 05/14/2021 with the following diagnoses to include Chronic Obstructive Pulmonary Disease. Record review of the MDS with an ARD of	M 655		

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M 655	Continued From page 11 01/26/2023 revealed a BIMS score of 11 which indicated moderate cognitive deficit. Resident #30 On 01/31/23 at 9:20 AM, an observation and interview with Resident #30 revealed that he received breathing treatments for his lung issues. An observation was made of the resident's nebulizer machine on top of his nightstand with privacy curtain brushing up against the face mask which was left open to air and not placed in a plastic bag. On 01/31/23 at 11:05 AM, observed Resident #30's nebulizer on the nightstand at the distal end of his bed with face mask open to air and not in a plastic bag. Record review of Resident #30's Admission Record revealed that he was originally admitted on 11/02/2019 with the following diagnoses to include Unspecified Atrial Fibrillation. Record review of Resident #30's MDS with an ARD of 12/30/2022 revealed his BIMS score of 12 which indicated that he was cognitively intact. On 01/31/23 at 3:16 PM, an interview with the Infection Control Nurse revealed that the nebulizer mask and tubing were to be changed out weekly per their policy and when not in use, the items were to be placed in a plastic bag. She also revealed that a nurse had asked that morning for some plastic bags from the kitchen; and she was told that they were out of plastic bags and she did not know how long they had been without the bags in the resident rooms. The Infection Control Nurse confirmed that leaving the oxygen device/tubing open to air could cause	M 655		

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M 655	Continued From page 12 bacteria to enter the respiratory tract and cause infection. On 01/31/23 at 4:00 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed that face masks, oxygen, and nebulizer tubing were changed, initialed, and dated once a week on Sundays on the evening shift. LPN #1 revealed that she came in at 12:00 PM today and while making rounds, she realized that there were no plastic bags covering the oxygen nasal cannulas or face masks and that she did not know how long they had been like that. LPN #1 revealed that the nasal cannulas and face masks were to stay covered when not in use to help prevent infection.	M 655		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review and facility policy review, the facility failed to ensure items in the kitchen refrigerator and freezer were dated and labeled for one (1) of three (3) dietary observations. Findings include: Review of the facility policy titled, "Sanitation and Infection Control Storage of Refrigerated Food", revision date 10-2019, revealed, "...4. Food taken	M 815	Tag 0815 - 45.29.1 Safe Food Handling Procedures (MS Long Term Care Regs) 1. All items that were noted to be outdated that failed during survey was immediately discarded on January 31,2023 at the time of the finding by dietary manager. All other refrigerators, freezers, or other storage areas was inspected for outdated, or unlabeled items. 2. All residents residing at Rest Haven Health and Rehab are at risk of being affected by this deficient practice.	3/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RH	A. BUILDING: _____ B. WING _____	02/02/2023

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

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M 815	Continued From page 13 out of original containers is put in a clean sanitized container with a tight-fitting lid. No food is left uncovered. 5. All non-hazardous, opened foods are labeled with name of food, date stored and use-by date. 6. All hazardous foods are labeled with name of food and date to be discarded or the date stored. Cooked foods should be held longer than forty-eight (48) hours..." An observation and interview during the initial tour of the kitchen on 01/31/23 at 9:05 AM, with the Dietary Manager (DM), revealed in Refrigerator #2 a white plastic container with a manufactured label of cheese spread. The container's seal was broken, and the container was undated. The DM revealed I think it was opened yesterday but I'm not sure. She confirmed that it is supposed to have the date on it when it is first opened. Nine (9) wrapped sandwiches were inside Refrigerator #2, which DM revealed were bologna sandwiches with no dates or labels. Refrigerator #5 revealed a rectangular metal container with red liquid and vegetables, with plastic wrap on top, without a label, a date of 1/28/23 was marked through with a date of 1/30/23 written below it. The DM revealed it is vegetable soup; she thinks it was from last night but not sure. Freezer #5 revealed nine (9) chicken tenders confirmed by the DM in a bag not labeled with food content or the date it was opened. A white chest freezer revealed a large blue opened bag which DM confirmed was mixed vegetables. The bag was not dated nor labeled. The DM revealed it is our policy to make sure the food is dated when opened and all food items are to be labeled. She confirmed it had not been done and should have been labeled and dated. An interview on 02/02/23 at 8:30 AM, the DM	M 815	3. Education provided on 02.03.2023 to the Dietary Manager by the Administrator on proper storage and labeling of dietary food, liquids and supplies. Immediately following the Dietary staff was in-serviced by the Dietary Manager on the proper storage and labeling of dietary food, liquids and supplies. 4. Dietary Manager to perform daily audits of refrigerators, freezers and storage areas where food and supplies are stored using Sanitary Scorecard for 30 days beginning on 02.10.2023 to ensure all food, liquids and supplies are dated and labeled appropriately. The Administrator will monitor the Sanitary Scorecards provided to him by the dietary manager weekly for 30 days beginning 02.10.2023 and monthly for 60 days beginning 03.10.2023 completing on June 10, 2023. The monitoring we have in place for this deficiency will be discussed at our monthly Quality Assurance and Performance Improvement meeting on 3.9.2023, and then monthly for 60 days completing on May 9, 2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 815	Continued From page 14 revealed it is everyone's responsibility to ensure that the food is labeled and dated in the refrigerator and freezers but ultimately it was her responsibility. She confirmed that the foods not being dated and labeled could possibly cause a resident to become sick.	M 815		