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COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

(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 Compliant Investigations (CI) at the facility for three (3) complaints, CI MS# 21847, CI MS# 21930 and CI MS# 21931 from 6/26/23 through 6/27/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #21930 for Infection Control related to items on the floor, Dietary Services related to supplements, and Quality of Care/Treatment related to grooming, incontinent care, feeding assistance and cited F677 and F690. The facility is currently out of compliance from the previous Annual Survey conducted on 5/9/23 in which F677 was cited. The SA investigated CI MS #21931 for Infection Control related to the ice maker with no deficiencies cited. The SA found the facility to not be in compliance for CI MS #21847 for Physical Environment related to bed bug infestation and cited F584 for unrelated environmental concerns. At the time of the survey the facility was licensed for 145 beds and had a census of 104 residents.	F 000		
F 584 SS=E	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	F 584		7/19/23

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

Electronically Signed | 07/17/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	Continued From page 1 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; §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, resident and staff interview, and facility procedure review the facility failed to ensure a clean and homelike environment for two (2) of (2) days of survey. Findings include: Record review of the facility provided contracted	F 584	Root Cause Analysis conducted by Interdisciplinary Team (IDT) and based on findings Resident #3 and Resident #4 were relocated from Room #204 to Room #203. Room #204 bathroom door was cleaned of the white substance on the door. The plumbing fixtures beneath the sink and	

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F 584	Continued From page 2 housekeeping procedure revealed the procedure with Revision Date 10/25/15 stated, "SUBJECT-step Daily Washroom Cleaning ...To show housekeeping employees the proper method to sanitize a washroom or bathroom in a long-term care facility ...7-Steps Daily Washroom Cleaning 3. Dust Mop Floor ...always dust mop the floor. 4. Clean and Sanitize Sink and Tub. The sink includes: the sink, fixtures, pipes under the sink ...low pipes are always the most difficult areas to get- do not forget them. 6. Spot Clean Walls ...Wipe walls-especially by trash containers, light switches, and door handles. Damp Mop Floor Use proper mop and germicide solution to disinfect the floor. Be sure to run mop along edges and never push dirt into corner.". The procedure provided titled "Daily Room Cleaning" with Revision Date of 10/25/15 stated, "PURPOSE: To teach Environmental Services employees the proper learning method to sanitize a patient room or any area in a healthcare facility. 5-Step Patient Room Cleaning Procedure ...Spot Clean walls ...Vertical surfaces are not completely wiped down daily - but must be spot-cleaned. Walls ...light switches and door handles - will need special attention ...Dust Mop The entire floor must be dust mopped - especially behind dressers ...All corners and along all baseboards must be water pushes dust into corners, problems occur ...Damp Mop Remember - The procedure is to "damp mop"- not wet mop (the most important area of a patient's room to disinfect is the floor. This is most air-borne bacteria will settle and so it needs to be sanitized daily.". On 6/26/23 at 11:25 AM, observation and an interview with Resident #3, in her room revealed	F 584	behind the toilet were cleaned by the Environmental Supervisor on June 27, 2023 and replaced on July 13, 2023 by Maintenance. Linoleum flooring in bathroom was cleaned by the Environmental Supervisor on June 27, 2023. The bathroom light fixture cover was cleaned by the Environmental Supervisor on June 27, 2023 and replaced on July 13, 2023 by maintenance. The black substance in the corners of the bathroom and below the door hinges were cleaned and removed on June 27, 2023 by the Environmental Supervisor. The black substance on the walls in Room #204 was cleaned and removed on June 28, 2023 by Maintenance. The standing water was removed from the floor behind the ice machine and the baseboards and water lines were cleaned on June 27, 2023 by the District Housekeeping Supervisor, and repaired by Maintenance. The Linoleum floor was replaced under the ice machine on July 13, 2023 by Maintenance. Residents residing in the facility have the potential to be affected. An audit of all resident rooms was conducted to determine a deep clean schedule and assess the repairs needed on June 28, 2023 by the Environmental Supervisor and Executive Director. Education was conducted with the Maintenance staff and the Environmental Supervisor by the Executive Director on	

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F 584	Continued From page 3 she stated that she was concerned about the condition of the bathroom attached to her room and reported foul smell emanating from the bathroom when the door was open. On 6/26/23 at 11:33 AM, observation and an interview with Resident #4, in her room revealed that she was concerned about the condition of the bathroom attached to her room and reported foul smell emanating from the bathroom when the door was open. She stated, "There ' s toothpaste spattered on the door and the walls and it ' s gross". She reported that the bathroom appeared dirty to her, and she stated, "there is mold on the wall behind the dresser and those two (2) wardrobes. The Maintenance Man showed it to me". She clarified that the "Maintenance Man" who showed her the wall was no longer employed at the facility. She stated that she had not reported the condition of the wall to anyone because, "he showed it to me, so I knew that they knew about it, there was no reason for me to report it.". Observation revealed that the bathroom attached to Resident #4 ' s attached bathroom had a foul, sour, stale odor and appeared dirty. The floor under the sink and behind the toilet and the baseboards around the room had a layer of gray/brown dry substance which wiped away easily with toilet paper and water. The corners of the room and the area beneath the door hinges were black. The floor was stained with green, pale rusty red, and yellow areas of linoleum that did not wipe away. There were seven (7) white spots on the inside door of the bathroom that ranged in size from a grain of rice to the size of a kidney bean which wiped away easily with toilet paper and water. The light switch cover was metal and had a rust-colored substance spread diffusely over the entire cover	F 584	June 30, 2023. New hires will be educated in orientation. Executive Director, Director of Nursing, Unit Manager or Environmental Supervisor will monitor resident rooms by observation 3 times a week for one month, then weekly for 1 month and then monthly for 3 months beginning June 28, 2023. to ensure a safe/clean/homelike environment. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly starting 7/18/2023. Monitoring schedule will be revised based on findings.	

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F 584	Continued From page 4	F 584		

which wiped away with toilet paper and water. The plumbing fixtures beneath the sink and open to observation were covered with an abrasive rust-colored substance.

On 6/26/23 at 12:15 PM, an interview with the Administrator in the bathroom of room 204 revealed that upon observations she stated the bathroom needed to be cleaned. She said that the substance on the plumbing under the sink was "rusty" and said, "it needs to be replaced". She confirmed that the substance on the inside of the door "looks like toothpaste". She confirmed that the light switch cover needed to be cleaned and that it was considered a "high touch surface" and appeared to be covered with "a light covering of rust". She confirmed that there she smelled a malodorous smell in the bathroom. She stated the baseboards were dusty and needed to be dusted and cleaned. She stated she did not believe the black substance on the floor in the four corners and below the hinges of the door was mold but stated that it needed a "ridged scrapping tool" to "scrape it up". She stated that she would notify the housekeeping staff immediately to clean the bathroom of room 204. She confirmed that the bathroom did not smell or appear clean.

On 6/27/23 at 10:30 AM, the State Agency (SA) observed the ice machine located in the facility dining room next to the "A/B Nurse ' s Station". The ice machine was clean and had the appearance of being well maintained. The ice machine was full of ice. There was a clean, plastic scoop in a clear plastic holder attached to the wall next to the ice machine. The floor behind the ice machine was wet with standing water. a puddle of water approximately 1218 (twelve by

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F 584	Continued From page 5	F 584		

eighteen) inches that was approximately 1/32 (one thirty-second) of an inch deep behind the ice machine in the facility Dining Room. There was a thick coating of a dry, gray substance on the baseboard and water lines (tubing) behind the ice machine that easily wiped from the baseboards and tubing. There was a flat, black substance on the floor and baseboards
behind the ice machine. The linoleum floor tiles beneath and around the ice machine were discolored with gray, brown, and black areas that did not wipe from the tiles.

On 6/27/23 at 5:30 PM, observation and an interview with the Administrator in room 204 revealed an area of flat black substance on the wall approximately eight (8) inches in length (top to bottom) which extended approximately two (2) inches wide on each wall in the corner between the bathroom wall and the wall on the right side of the room when facing the window from the door. The flat black substance was also visible on the wall behind the dresser. The substance was visible between the wardrobe and the dresser. The furniture was too heavy for SA to move to see how far the substance spread on the wall behind the furniture. Residents #3 and #4 had belongings and clothes stored in the wardrobes and the dresser. The Administrator was present in the room and stated that there was not staff at the building at the time capable of moving the furniture. The Administrator confirmed that she could see the black substance on the wall and that she was also unable to see behind the furniture to determine how far the substance spread along the wall. She said that she had not been made aware of the substance on the wall, and that no one had reported it to her. She stated that the furniture needed to be moved, the wall

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F 584	Continued From page 6	F 584		

cleaned to remove the substance and the wall needed to be painted after removal/cleaning of the substance from the wall. She stated that she intended to investigate and get the maintenance department to check for any leak possible in the plumbing in the wall between the bathroom and the wall of room 204. She stated that the former Maintenance Supervisor was no longer employed at the facility and that a new Maintenance Supervisor was to report for work at the facility "in two weeks". She confirmed that the facility was currently relying on a Maintenance Assistant for maintenance needs at the facility. She stated that based on observation of the bathroom attached to room 204 the floor covering needed to be replaced due to the stains which were not removed with cleaning. She confirmed that she also thought the plumbing fixtures that she described as "rusty" needed to be replaced. She stated that while the floor appeared cleaner, the corners needed "more attention and cleaning" to remove the remaining black discoloration in the four (4) corners.

On 6/27/23 at 1:04 PM, an interview with Resident #5 revealed she had concerns about the physical environment of the facility. She stated that she had observed "mold or mildew" in areas of the facility, including but not limited to walls and floors in various areas. She stated that she felt "the entire facility needs to be cleaned". Resident #5 voiced specific concerns related to the ice machine.

On 6/27/23 at 3:55 PM, observation and an interview with the Administrator revealed the Administrator confirmed the presence of a puddle of water approximately 1218 (twelve by eighteen) inches that was approximately 1/32 (one

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F 584	Continued From page 7	F 584		

thirty-second) of an inch deep behind the ice machine in the facility Dining Room. The Administrator confirmed there was a thick coating of a dry, gray substance on the baseboard and water lines (tubing) behind the ice machine that easily wiped from the baseboards and tubing, and that there was a flat, black substance on the floor and baseboards behind the ice machine. The Administrator confirmed that the linoleum floor tiles beneath and around the ice machine were discolored with gray, brown, and black areas that did not wipe from the tiles. The Administrator stated that the puddle of water indicated a leak in the plumbing of the ice machine and needed to be repaired. She stated that the linoleum tiles needed to be replaced. She stated that the entire area behind the ice machine needed to be cleaned. The Administrator reported that the facility had removed the "old" ice machine and replaced it with a "brand new ice machine".

On 6/27/23 at 4:05 PM an interview with the District Housekeeping Supervisor revealed she confirmed that the bathroom attached to the room of Resident #3 and Resident #4 revealed that she confirmed that the bathroom had "rusty" light switch cover and "rusty" exposed plumbing fixtures. She confirmed that the floor of the bathroom had been "dirty" and the discolorations that remained after her attempt to clean them were "stains" and that the linoleum needed to be "replaced". She confirmed that housekeeping needed to "use the scrapper to get the black stuff out of the corners" behind the toilet.

Record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) 5/24/23 for Resident #3 revealed she had a Brief Interview for Mental Status (BIMS) score of 15,

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F 584	Continued From page 8 which indicated no cognitive impairment. Record review of the Quarterly MDS with ARD 4/18/23 for Resident #4 revealed she had a BIMS score of 15, which indicated no cognitive impairment. Record review of the Admission MDS with ARD 4/12/23 for Resident #5 revealed the resident had a BIMS score of 14, which indicated no cognitive impairment.	F 584		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a dependent resident received the necessary services to maintain good grooming and personal hygiene for one (1) of eight (8) residents reviewed for activities of daily living (ADLs). Resident #6. Finding Include: Record review of the facility policy titled "Activities of Daily Living," with effective date 2/01/22, revealed, "Policy: To encourage resident choice and participation in activities of daily living (ADL) and provide oversight, cueing and assistance as necessary. ADLs includes bathing, dressing, grooming, hygiene ...Procedure: CNA (Certified Nurse Aide) will review the resident's Kardex for	F 677	Root Cause Analysis conducted by Interdisciplinary Team (IDT) and based on the findings Resident #6's frayed shirt was replaced on June 27,2023. Resident #6 fingernails were cleaned and trimmed on June 27,2023 by the Certified Nurse Assistant. Residents who are dependent on staff for Activity of Daily Living have the potential to be affected. Education was initiated on June 28, 2023 by the Director of Nursing and Supervisor, which will be completed by July 17, 2023 with the Nursing Department on providing activities of daily living for dependent	7/19/23

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F 677	Continued From page 9 information on individual needs and preferences ..." On 6/26/23 at 3:30 PM, an observation of Resident #6, revealed he was seated in a wheelchair next to the "A/B Nurses Station" wearing a green and white three button collared pullover shirt. The collar of his shirt was shredded. It had multiple strings hanging from the collar and the placket. Observation revealed Resident #6 had long, jagged, dirty fingernails which extended past the tips of his fingertips. On 6/27/23 at 10:40 AM, an observation of Resident #6 revealed he was seated in a wheelchair next to the "A/B Nurses Station" wearing a green and white three button collared pullover shirt. The collar of his shirt was shredded. It had multiple strings hanging from the collar and the placket. Observation revealed Resident #6 continued to have long, jagged, dirty fingernails which extended past the tips of his fingertips. On 6/27/23 at 11:05 AM, an observation and interview with the Director of Nurses (DON) of Resident #6, revealed that she was not aware that Resident #6 was wearing the same shirt that he had been wearing on 6/26/23. She was not sure if it had been laundered, but said she did not think there had been adequate time for a shirt worn the day before to be laundered and returned to the resident. She stated that the shirt looked "raggedy," and that the resident should not have been dressed in the shirt if other shirts were available. The DON confirmed that the resident's fingernails were too long, dirty, and jagged. She stated that the Certified Nursing Assistants (CNAs) and nurses assigned to resident care	F 677	residents. Residents that are dependent on staff for activities of daily living will be provided nail care and dressed in appropriate clean clothing. New hires will be educated in orientation. The Director of Nursing, Assistant Director of Nursing and Unit Managers will monitor activities of daily living for dependent Residents by observation 3 x weekly for 1 month, then weekly for 1 month and then monthly for 2 months beginning 7/5/2023 to ensure residents are provided activities of daily living to include clean clothing and nail care. Findings will be repoted to the Quality Assurance and Performance Improvement (QAPI) Committee monhtly starting 7/18/2023. Monitoring schedules will be revised based in the findings.	

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F 677	Continued From page 10 were responsible for nail care and that the CNAs were responsible for dressing residents appropriately. On 6/27/23 at 11:15 AM, an interview with Certified Nurse Aide (CNA) #1 assigned to the care of Resident #6 stated she had gotten resident out of bed on the morning of 6/27/23. The CNA confirmed that he had been wearing the damaged green and white shirt when she got him up. She confirmed that she had not changed his shirt. While discussing ADL care, the CNA made no other comments regarding care provided for Resident #6 on the morning of 6/26/23, only shrugging her shoulders. Record review of the "Admission Record' for Resident #6, revealed the resident was admitted by the facility on 7/09/18, with diagnoses that included Cerebral Infarction (Stroke), Parkinson's Disease, Contracture of the Left and Right Hand, and Flaccid Hemiplegia Affecting Left Nondominant Side. Record review of the 5-Day Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/11/23, for Resident #6 revealed the resident had a Brief Interview for Mental Status (BIMS) score listed as "99" score indicating the resident was unable to complete the interview. Further MDS review revealed Resident #6 was totally dependent on one-person physical assistance for dressing and personal hygiene.	F 677		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that	F 690		7/19/23

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F 690	Continued From page 11 resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure that a resident whose clinical condition required catheterization received appropriate treatment and services to prevent urinary tract	F 690	Root Cause Analysis conducted by Interdisciplinary Team (IDT) and based on the findings Resident #7 catheter tubing was removed from the floor and changed June 27,2023. A leg strap was applied on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255145	A. BUILDING _____ B. WING _____	C 06/27/2023

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F 690	Continued From page 12 infections for one (1) out of eight (8) residents reviewed. Resident #7. Findings Include: Record review of the facility policy and procedure titled "Catheter Care, Urinary," with Revision Date 9/05/17, revealed, " ...Reattach catheter securement device..." On 6/27/23 at 11:50 AM, and again at 12:08 PM, an observation revealed Resident #7 was resting in bed with her catheter tubing coiled and laying on the floor on the right side of the resident's bed. On 6/27/23 at 12:09 PM, an interview with the Administrator revealed the resident's nurse and the Director of Nurses (DON) were not available. The Administrator stated that catheter bags and tubing were not to touch or lie on the floor. On 6/27/23 at 12:11 PM, during an interview with Certified Nurse Aide (CNA) #2, she confirmed that Resident #7's catheter tubing was laying on the floor. She stated that the facility had provided Infection Control In-Services which included care to be taken with catheters, catheter tubing, and catheter bags. She stated that In-Service training included instructions to keep catheter tubing and urine collection bags from touching the floor to prevent infection. On 6/27/23 at 4:10 PM, an observation revealed the Resident #7 was resting in bed with her urine collection bag resting on the floor on the right side of her bed. Resident #7 had her bedspread and sheet pulled back which revealed she did not have a leg strap in place to secure the catheter tubing.	F 690	June 27,2023 by the Unit Manager. Residents with catheters have the potential to be affected. Education with licensed nurses and certified nurse assistants was initiated on June 28,2023 by Regional of Direct Care Services and will be completed by 7/17/2023 on maintaining a catheter in a manner to prevent urinary tract infection. Catheters will be maintained off the floor. Residents with catheters will have a leg strap in place to prevent tension on tubing. New hires will be educated in orientation. The Director of Nursing, Assistant Director of Nursing or Unit Manager will monitor residents with catheters to ensure catheter tubing is maintained off of the floor and leg straps are in place 3 x weekly for 1 month, then weekly for 1 month and then monthly for 2 months beginning July 5,2023 to ensure catheters are maintained in a manner to prevent urinary tract infection. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly starting July 18,2023. Monitoring schedule will be revised based on findings.	

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F 690	Continued From page 13	F 690		

On 6/27/23 at 4:15 PM, during an interview with CNA #3, she confirmed that Resident #7's urine collection bag was laying on the floor. The CNA also confirmed that Resident #7 did not have a leg strap to secure her catheter tubing. She stated that the facility had provided Infection Control In-Services which included care to be taken with catheters, catheter tubing and catheter bags. She stated that In-Service training included instructions to keep catheter tubing and bags from touching the floor to prevent infection.

On 6/27/23 at 4:30 PM, during an interview and observation of Resident #7 with the DON, she confirmed that Resident #7 did not have leg strap in place to secure the catheter tubing to the leg to prevent pulling of the foley catheter, which could cause irritation. The DON also confirmed that catheter bags and tubing should not lie on the floor, as it could be a source of infection.

Record review of the "Order Summary Report," dated 6/27/23, for Resident #7 revealed the resident had a physician order, dated 4/24/23, for a foley catheter.

Record review of the "Admission Record," for Resident #7 revealed the resident was admitted by the facility on 4/24/23, and had diagnoses that included Type 2 Diabetes Mellitus, and Urinary Tract Infection (UTI).

Record review of the Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/29/23, for Resident #7, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. Further MDS

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F 690	Continued From page 14 review revealed that Resident #7 required assistance with all ADLs (Activities of Daily Living), was not ambulatory and had an indwelling urinary catheter.	F 690		