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 07/20/2023

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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI) at the facility from 7/19/23 through 7/20/23 for CI MS #21803, CI MS #21980, and CI MS #21981. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #21980 and CI MS #21981 for Admission, Transfer and Discharge Rights, Quality of Care related to not receiving ordered services, and Misappropriation of Property and did not cite any deficiencies. The SA investigated CI MS #21803 for Resident Abuse and cited F609 related to failure to report. At the time of the survey, the facility's census was 39 with a bed capacity of 60 beds.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(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 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	F 609		8/14/23

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

Electronically Signed | 08/09/2023

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 07/20/2023

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) COMPLETION DATE
F 609	Continued From page 1 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 staff interviews, record review, and facility policy review the facility failed to report an allegation of sexual abuse within the required two-hour time frame for one (1) of nine residents sampled for potential abuse. Resident #1 Findings include: Record review of the facility policy titled, "Freedom of Abuse, Neglect and Exploitation Standard", dated November 2019, revealed, "...Report allegations or suspected abuse, neglect or exploitation immediately to: Administrator, Other officials in accordance with State Law, State Survey and Certification agency through established procedures. ... VI Reporting/Response A. The facility will have written procedures that include: 1. Reporting all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. 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" ... "Reporting ... Ensure that all alleged	F 609	F609 Reporting of Alleged Violation 1. On 6/12/23 Resident #5 stated to Certified Nursing Assistant (CNA) #1 and a Housekeeper, that Register Nurse (RN) #1 had entered Resident #1's room and started playing with her. Certified Nursing Assistant reported statement made by Resident #5 to the Administrator and Director of Nursing. When Resident #1 was interviewed by the Administrator and Director of Nursing, she stated she had been asleep and Registered Nurse #1 had come into her room and "had sex with her without taking off her clothes." Resident #1 was evaluated immediately by License Practical Nurse on duty with no adverse signs or symptoms of pain or distress noted. Resident #1 was seen by the Psych-Nurse Practitioner on the same date of 6/12/23. The results of the visit indicated no signs or symptoms of sexual abuse and noted that the statement made (allegation) to be false based on her evaluation of the resident. Resident was noted to be pleasant, and in no distress. Later, an order was received by Physician	

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 07/20/2023

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) COMPLETION DATE
F 609	Continued From page 2 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..." Record review of the investigation dated 06/12/23 revealed that Resident #5 called Certified Nursing Assistant (CNA) #1 and a Housekeeper into her room around 10:30 AM and stated, "(Proper name RN# 1) came in the room and pulled the curtain and started playing with (Resident #1)." CNA #1 immediately went and told the Administrator and the Director of Nursing (DON) of the allegation of sexual abuse on 6/12/23 and that Resident #1's roommate (Resident #5) had called them in her room and reported the allegation of sexual abuse at 10:30 AM. Resident #5 was later interviewed by the Administrator that same day on 06/12/23, with no time documented on the written interview and stated, "(Proper name RN#1) came into our room around 1:30 AM this morning. He pulled the curtain. He was playing with Resident #1 sexually." Resident #1 was interviewed by the DON, Social Services Director, and the Administrator on 06/12/23 with no time indicated on the written interview and Resident #1 stated that approximately 1:30 AM that RN#1 came into her room and offered her a honey bun and then proceeded to have sex with her. She stated that he did not get undressed or in her bed that they had sex through her diaper.	F 609	to send Resident #1 out to emergency room for vaginal exam related to complaint of vaginal pain. Emergency room evaluation reported no trauma, bruising or tearing to the vaginal area. Resident #1 did return to the facility after being interviewed by hospital staff and the police. 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 abuse violations within the federal time frame of 2 hours. 3. Administrator review all incident from 6/1/12 through 8/1/2023 to note if there are any other incident that should have been reported. No other incident noted that should have been report by the incident log. Administrator in-serviced on 7/24/2023 by the Corporate Compliance Officer for reporting alleged abuse violations and all such statements and allegations should be reported to the Corporate Compliance Officer or designee timely to ensure facility is in compliance with reporting requirements. 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, and the Director of Nursing by the administrator on 7/24/23. 4. The Director of Nursing or the Social Service Director will conduct four	

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 07/20/2023

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) COMPLETION DATE
F 609	Continued From page 3 Record review of a physician's order dated 06/12/23 at 1:34 PM revealed a physician's order to send resident to the "(Proper name of hospital) for a vaginal exam related to pain." Record review of the hospital Emergency Department (ED) visit stated, "This is a 69-year-old female patient who presented to the ED on June 12th, 2023, around 2:00 PM brought in by a nursing home worker with patient complaining of vaginal pain. The patient was not cooperative for history of exam according to ED records. The patient finally reported that she was dreaming like she was itching, and a male nurse came in to relieve the itching. She thought she might be pregnant." Patient had a pelvic exam, and no bleeding, injury or discharge was noted. Patient was admitted to observation until recommendations from Adult Protective Services and mental health evaluation can be made. Record review of an interview dated 06/12/23 conducted by the Administrator with the transport driver that took Resident #1 to the local ED stated, "I was told to take Resident #1 through the emergency room (ER) by a nurse. So, when we arrive at ER, I gave the paperwork to front desk when they ask why we were there I never said anything. They call us back; the nurse came in and asked what was wrong. I encourage Resident #1 to tell them what she had told them. Resident #1 said she was itching for sex. He was too. The nurse left out and the doctor came in. Resident #1 told them the same story. She wanted sex, he want sex. It was consensual. So, the doctor came back in and said he have to call DHS (Department of Human Services) and the police. I then notified the Administrator. Police officer then came in and she told the police that	F 609	resident interviews weekly for 30 days beginning 7/24/2023 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 8/14/2023 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 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 07/20/2023

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) COMPLETION DATE
F 609	Continued From page 4	F 609		

they had consensual sex. When he asked who, she said RN #1."

Interview with the Administrator on 7/20/23 at 1:00 PM, confirmed the facility failed to report the allegation of sexual abuse to the required entities within a two-hour time frame. He stated after the initial allegation the resident changed her statement several times and the immediate investigation, he did within the first two hours revealed the allegation was not credible in his mind. He stated around 1:30 PM, the resident was sent to the hospital and changed her statement several times but that the hospital was unable to note any trauma on her exam. He stated it was after sending resident to the hospital that he notified the State Agency (SA) after the police called him and wanted to get a statement. The Administrator stated that the hospital had notified SA, Adult Protective Services (APS), and the police. The Administrator stated that the police came to the facility to get a statement on the events that occurred after the resident had spoken with the police while in the hospital. The Administrator confirmed that the allegation was not reported to the Attorney General's Office (AGO) by the facility until 7/19/23 and the facility failed to notify the State Agency, Attorney General's Office, and the Local Police Department within a two-hour time frame of when the allegation was made. He confirmed the allegation was made on 6/12/23 at approximately 10:30 AM and the resident was transferred to the hospital on 6/12/23 approximately 1:30 PM, and the facility did not report to the State Agency until after that time.

Interview with DON on 7/20/23 at 1:00 PM, she confirmed the facility failed to submit the

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 07/20/2023

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) COMPLETION DATE
F 609	Continued From page 5	F 609		

allegation of abuse to the required entities within the two-hour time frame and stated that she thought since they considered it a false allegation from early on, they did not report timely.

Record review of Resident #1's Admission Record revealed the resident was originally admitted to the facility on 4/9/2019. Diagnoses included Bipolar Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Auditory Hallucinations.

Record review of Resident#1's Minimum Data Set (MDS) dated 6/26/23 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

Record review of Resident #5's Admission Record revealed that the resident was originally admitted to the facility on 02/12/18 and had diagnosis which included Diabetes and Heart Disease.

Record review of Resident#5's Minimum Data Set (MDS) dated 05/30/23 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.