

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Tippah County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 City Avenue North Ripley, MS 38663	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41878</p> <p>Based on observation, staff interview, and record review, the facility failed to provide a safe, functional, and sanitary environment for residents' use as evidenced by both facility's shower rooms being in disrepair for two (2) entrance areas of two (2) shower rooms in the facility.</p> <p>Findings include:</p> <p>Record review of facility's letterhead notification signed by the Administrator and dated 11/5/24, revealed, (Proper name of facility) does not have a specific policy for environment of care, concerning walls, etc. A policy is being developed immediately.</p> <p>During interviews and a tour with the Administrator and the Director of Nursing (DON) on 11/4/24 at 3:55 PM, it was revealed that each of the two locked shower rooms had an entrance area from the resident hallways that led to the shower area. Upon entrance into each of these areas, damage to walls and ceilings was observed. In the east hall shower room, the outside corner of the wall where people would walk or be assisted in a chair to the shower area had a large open area of missing plaster with visible metal grill like material. The ceiling around an air vent was also noted to be damaged with some plaster hanging down and a black substance on the open areas of the ceiling. In the south hall shower room, the ceiling surrounding the air vent was noted to have a large amount of damage and opened areas to the plaster with a dark substance noted near those open areas. The area behind the door where the doorknob met the wall was noted to be damaged with a large hole of missing plaster and metal noted inside. The DON stated the location and the necessity to pass through this area to enter the shower could lead to the potential for an injury and the areas needed repair. The Administrator revealed the entrance area to each of the two shower rooms had not been remodeled. She stated it had been mentioned to the maintenance department, but it was not repaired. She stated there was the potential for an injury to occur from this and it needed to be repaired. She confirmed the facility failed to provide a safe, functional, and sanitary environment for the residents' shower areas.</p> <p>During an interview and walk through observation with the Maintenance Director on 11/6/24 at 1:50 PM, it was revealed that he was aware of the damaged areas in each of the shower rooms. He stated he had been unsuccessful in finding someone to come in to do the necessary repairs, but he was attempting to contact another person to get the needed repairs completed. The Maintenance Director measured the damaged areas and in the east hall shower room, an area of an outer corner leading into the shower area measured approximately 22 inches from the top of the baseboard up the outer corner wall with a width of approximately 5 inches on one side of corner and 4 inches</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on the other side of the corner. This damaged area had a metal grill like material that was exposed. He confirmed the ceiling was missing plaster with open areas around air vent. This damaged area was measured approximately 25 inches x 18 inches with an open area with a black substance next to the air vent measuring approximately 8 inches by 1 inch. In the south hall shower room, the ceiling damage measured approximately 24 inches by 20 inches, with two open areas of a black substance next to the air vent measuring approximately 9 inches by 3 inches for one and approximately 2 inches by one inch for the other one. He stated he was unsure of what the dark substance on the open areas of ceiling was, but it could have been caused by the moisture. The area behind the south hall shower room door where doorknob met wall with an open area measuring approximately 5 inches by 4 inches with metal noted in the open area. The Maintenance Director confirmed he was aware of these damaged areas and that the areas needed to be repaired for safety.</p>