

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Picayune Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1620 Read Road Picayune, MS 39466	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>50921</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure the resident's right to reasonable accommodation as evidenced by a call light that was not within reach for one (1) of twenty-one (21) sampled residents, Resident #39.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Resident Call System, dated 3/28/23, revealed, . Residents are provided with a means to call staff for assistance . Policy Interpretation and Implementation 1. Each resident is provided with a means to call staff directly for assistance .</p> <p>On 03/11/2025 at 11:38 AM, during an observation, Resident #39's call light was observed draped over a shelf and out of reach. Certified Nurse Aide (CNA) #1 confirmed the call light was not within reach of Resident #39.</p> <p>On 03/12/2025 at 10:08 AM, during an interview, Licensed Practical Nurse (LPN) #1 stated that call lights are supposed to be left within reach of the resident after each visit, and that CNAs are expected to make rounds every two (2) hours.</p> <p>On 03/13/2025 at 8:51 AM, during an interview, CNA #2 stated that on every visit to a resident's room, CNAs are trained to ensure the resident is comfortable, the call light is within reach, and that the resident does not need anything else. CNA #2 further explained the importance of answering call lights quickly to ensure residents receive the help they need.</p> <p>On 03/13/2025 at 2:40 PM, during an interview, the Administrator stated that staff are expected to have the call light within reach and to answer call lights in a timely manner.</p> <p>On 03/13/2025 at 2:45 PM, during an interview, the CNA Supervisor stated that staff completed in-services in February 2025 and that call light procedures are reviewed at orientation, quarterly, and as needed. The CNA Supervisor confirmed that CNAs are expected to leave call lights within reach of residents before exiting the room.</p> <p>On 03/13/2025 at 3:21 PM, during an interview, the Director of Nursing (DON) stated that CNAs are expected to leave call lights within reach of residents upon exiting the room and to answer call lights in a timely manner.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of the Admission Record revealed the facility admitted Resident #39 on 12/12/2021 and he had current diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.</p> <p>A record review of Resident #39's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/27/2024 revealed the resident required a staff interview to assess cognition and his cognition was severely impaired.</p> <p>A review of the facility's In-service Training with a subject of answering call lights in a timely manner, dated 02/27/2025 revealed the facility staff received education to . Make sure call lights are always within reach of your Residents every time you enter and exit the room .</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50751</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure the residents' right to a comfortable, homelike environment related to the facility being an uncomfortably cold temperature for five (5) of 21 sampled residents, with the potential to affect all 99 residents in the facility. Residents #82, Resident #43, Resident #45, Resident #5, and Resident # 34.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Resident Rights, revised April 2017, revealed, .Residents shall .r. Live in a physical environment which ensures their physical and emotional security and well-being .</p> <p>Resident #82</p> <p>On 03/11/2025 at 9:30 AM, during an interview and observation, the room was cold and Resident #82 stated that it is always cold in her room. She was observed wearing long sleeves, a blouse, a jacket, and was covered with a blanket.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #82 on 06/07/2024 with current diagnoses including Alzheimer's Disease with Late Onset.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/13/2025 revealed Resident #82 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p> <p>Resident #43</p> <p>On 03/11/2025 at 10:48 AM, during an observation and interview, Resident #43 complained about the cold temperature in his room. The resident had two blankets on his bed, while two additional blankets were folded on his roommate's bed. Resident #43 stated it was always too cold in his room.</p> <p>On 03/11/2025 at 2:35 PM, Resident #43's family member confirmed that his father consistently complains about being cold, and that both his father and the roommate have jackets and extra blankets.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #43 on 06/10/2024 with current diagnoses including Chronic Diastolic (Congestive) Heart Failure.</p> <p>A record review of the Quarterly MDS with an ARD of 12/18/2024 revealed Resident #43 had a BIMS score of 3, which indicated severe cognitive impairment.</p> <p>Resident #45</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/11/2025 at 9:41 AM, Resident #45 was observed sitting in the hallway wearing a jacket. Resident #45 reported that his room is always too cold, which is why he wears his jacket and stays in the hallway.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #45 on 11/18/2021 with current diagnoses including Peripheral Vascular Disease.</p> <p>A record review of the Quarterly MDS with an ARD of 11/29/24 revealed Resident #45 had a BIMS score of 15, which indicated the resident was cognitively intact.</p> <p>Resident #5</p> <p>On 03/11/2025 at 2:25 PM, in an observation and interview, Resident #5 reported that her room is cold. She was observed wearing a gown and a thick robe near the window and the room was cold.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #5 on 05/11/2022 with current diagnoses including Unspecified Dementia.</p> <p>A record review of the Quarterly MDS, with an ARD of 12/16/2024 revealed Resident #5 had a BIMS score of 9, which indicated moderate cognitive impairment.</p> <p>Resident #34</p> <p>On 03/11/2025 at 11:18 AM, during an observation and interview, Resident #34's room was cold. The resident had placed a sheet in the window to block the draft and reported that his room is normally cold, especially after showers. The resident stated that staff informed him the facility has to remain cold.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #34 on 10/18/2024 with current diagnoses including Acute and Chronic Respiratory Failure with Hypoxia.</p> <p>A record review of the Quarterly MDS with an ARD of 1/17/2025 revealed Resident #34 had a BIMS score of 15, which indicated the resident was cognitively intact.</p> <p>On 03/11/2025 at 3:12 PM, temperatures were checked in multiple rooms after residents complained about feeling cold. The following temperatures were observed: Resident #5's room at 3:15 PM measured 67.5 degrees () Fahrenheit (F); Resident #82's room at 3:20 PM measured 69 F; Resident #34's room at 3:23 PM measured 65 F; Resident #43 and Resident #45's room at 3:26 PM measured 65.5 F. The Maintenance Director confirmed that thermostats were set at 72 F on the cool setting.</p> <p>On 03/11/2025 3:30 PM, during an interview, the Maintenance Director stated that he typically keeps the thermostats set at 72 F, but adjustments are made based on resident complaints. He explained that maintaining consistent temperatures is difficult due to varying preferences, building layout, and vent placement. He also mentioned that an igniter malfunctioned in January 2025 on one of the halls and took three days to repair.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/12/2025 10:50 AM, during an interview the Administrator stated that she believed the facility usually meets the federal requirement of 71 F but acknowledged that the building's age, traffic patterns, and vent placements can affect room temperatures.</p> <p>On 03/12/2025 at 3:00 PM, during an interview, Certified Nurse Aide (CNA) #10 stated that rooms 34, 35, 36, and 37 are always cold and that blankets are placed in the windows to block the cold air. CNA #10 confirmed that residents frequently complain about the cold and that staff provide extra blankets.</p> <p>On 03/12/2025 at 3:45 PM, during an interview, Licensed Practical Nurse (LPN) #1 stated that rooms near doors throughout the facility have always been colder than other rooms. LPN #1 confirmed that residents frequently complain, and that staff provide extra blankets and block window drafts with blankets. She confirmed that maintenance and management have been informed of the issue.</p> <p>On 03/12/2025 at 3:50 PM, during an interview with LPN #2 revealed that about one (1) or two (2) residents on each hall occasionally complain about the cold, but staff typically notify maintenance and provide residents with extra blankets or jackets.</p> <p>On 03/12/2025, at 3:55 PM, during an interview with CNA #9 revealed that some residents occasionally complain about cold rooms, but maintenance usually addresses complaints within approximately 30 minutes, and staff provide extra blankets as needed.</p> <p>On 03/13/2025 at 10:47 AM, the Maintenance Director verified room temperatures again. The temperatures were as follows: Resident #5's room was measured at 70.5 F; Resident #82's room at 71 F; Resident #43 and Resident #45's room at 70 F; Resident #34's room measured 70.5 F by the door and 67.5 F by the window; room [ROOM NUMBER] measured 69.5 F. Thermostats were set at 74 F on the cool setting.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>37415</p> <p>Based on observation, staff interviews, record review, and facility policy review, the facility failed to revise the comprehensive care plan to include the use of zinc oxide, as per a physician's order for one (1) of 21 care plans reviewed. (Resident #22)</p> <p>Findings included:</p> <p>A review of the facility's Care Plans, Comprehensive Person-Centered dated 2/24/25, revealed, .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation .13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .</p> <p>On 03/11/2025 at 12:56 PM, during an observation of incontinence care, Certified Nursing Assistant (CNA) #8 applied zinc oxide to the resident's buttocks after providing perineal care.</p> <p>A record review of Resident #22's Comprehensive Care Plan revealed, I have potential for impairment of my skin integrity related to weakness, decreased mobility, bowel and bladder incontinence, severe protein-calorie malnutrition . There were no interventions in place to address applying zinc oxide.</p> <p>A record review of the Order Summary Report with active orders as of 3/13/25 revealed Resident #22 had a physician's order, dated 02/15/2025 for Redness: Apply zinc barrier cream to sacrum every day shift.</p> <p>On 03/13/2025 at 12:56 PM, during an interview, the Director of Nursing (DON) explained that the Care Plan Nurse is responsible for updating the care plan daily by reviewing the physician's orders. The DON confirmed the care plan was not updated to include the application of zinc oxide to Resident #22's buttocks.</p> <p>On 03/13/2025 at 1:07 PM, during an interview, the Administrator stated that she expects staff to follow the facility's policies and standards of practice. The Administrator further stated she expects staff to update residents' care plans according to facility policy.</p> <p>On 03/13/2025 at 1:11 PM, during an interview, Registered Nurse (RN) #1 confirmed that the care plan was not updated to reflect the use of zinc oxide. RN #1 stated that she had not yet had a chance to update the care plan and that care plans are updated according to physicians' orders. RN #1 explained that the care plan is used to direct the care of the resident and to assign responsibilities according to staff job descriptions and training.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #22 on 09/10/2024 with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/2024 revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Section GG revealed Resident #22 was incontinent of bowel and bladder and required partial to moderate assistance for bathing, toileting, and personal hygiene.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>37415</p> <p>Based on observation, staff interview, record review, and the facility's Certified Nurse Assistant (CNA) job description review, the facility failed to ensure professional standards practices were maintained when a CNA applied a medicated cream to a resident during one (1) of two (2) incontinent resident care observations. (Resident #22)</p> <p>Findings Include:</p> <p>A record review of the facility's Certified Nursing Assistant (CNA) Job Description dated March 2017, revealed, .Function: Cares for Residents under the direction and supervision of a registered nurse or a licensed practical/vocational nurse .</p> <p>A record review of a letter from the State Board of Nursing, dated 7/15/2005, revealed, .medication administration may only be delegated to another registered nurse or licensed practical nurse and not an unlicensed person. This would include medicated ointments, lotions and protective barriers, regardless of skin integrity .</p> <p>In an observation of incontinence care on 3/11/25 at 12:56 PM, Licensed Practical Nurse (LPN) #7/MDS Nurse gave CNA #8 zinc oxide cream to put on the resident's buttocks. CNA #8 applied the zinc oxide to the resident's sacrum after completing incontinence care.</p> <p>A record review of the Order Summary Report with active orders as of 3/13/25, revealed Resident #22 had Physician's Order, dated 02/15/2025, for Redness: Apply zinc barrier cream to sacrum every day shift.</p> <p>On 03/13/25 at 12:32 PM, in an interview, LPN #7 confirmed she gave CNA #8 the cream to apply to Resident #22's buttocks. She acknowledged that the facility does not allow CNA's to apply medicated creams such as zinc oxide to the residents because CNA's cannot administer medications.</p> <p>During an interview on 03/13/25 at 12:56 PM, with the Director of Nursing (DON), he stated the facility does not allow the CNAs to apply zinc oxide to the residents and that CNA's do not administer medications. The DON also said both the nurse and CNA have been trained that CNA's cannot administer medications.</p> <p>During an interview on 03/13/25 01:07 PM, the Administrator stated she expects the staff to follow the facility policies and standards of practice and confirmed the facility does not allow CNAs to administer medications.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #22 on 09/10/2024 with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/2024 revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Section GG revealed Resident #22 was incontinent of bowel and bladder and required partial to moderate assistance for bathing, toileting, and personal hygiene.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50921</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to ensure food items in the cooler and freezer were wrapped, covered, and dated and ensure serving bowls were cleaned appropriately for one (1) of three (3) days of survey.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Food Storage: Cold Foods dated 02/2023 revealed, .All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored . Procedures . 5. All foods will be stored wrapped or covered in containers, labeled and dated .</p> <p>A review of the facility's policy titled Ware Washing, dated 02/2023 revealed, .All dishware, serviceware, and utensils will be cleaned and sanitized after each use .</p> <p>On 03/11/2025 at 8:43 AM, during an observation of the kitchen and interview with Dietary Manager (DM) #1 revealed: Walk-In Cooler #1, there was an opened cheesecake box, which did not indicate the date opened, and the cheesecake was not fully wrapped or covered in the container. In Freezer #1, an opened frozen mixed vegetables container and an opened box of beef patties were not fully wrapped or covered in the containers and were exposed. Dried and stuck-on food residue was observed on serving bowls that were considered washed. The DM stated that these dishes were washed and stacked by the night shift.</p> <p>On 03/12/2025 at 12:35 PM, during an interview, Dietary Aide (DA) #4 confirmed the importance of ensuring plates and dishes are cleaned and sanitized to prevent residents from becoming sick.</p> <p>On 03/13/2025 at 2:40 PM, during an interview, the Administrator stated that her expectation is that kitchen staff prepare, store, label, and date foods according to facility policy.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41680</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to maintain proper infection control practices by failing to prevent cross-contamination of perineal wipes during perineal care for one (1) of four (4) residents observed. Resident #58.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Perineal Care, revised 04/16/2024, revealed, .The purposes of this procedure are to provide cleanliness and comfort to the resident . to prevent infections and skin irritation .</p> <p>On 03/13/2025 at 9:18 AM, during an observation of perineal care of Resident #58, Certified Nursing Assistant (CNA)#3, assisted by CNA #5, gathered supplies, sanitized her hands, and donned gloves. CNA #3 removed six (6) premoistened wipes from the pack and used the wipes to clean the front area of the resident. The resident was assisted to her left side and then CNA #3 pulled six (6) additional wipes from the pack, touching the package with contaminated gloves, and then continued perineal care in the buttocks area. Resident #58 had a bowel movement during care and CNA #3's gloves were visibly soiled with feces. CNA #3 pulled six (6) more wipes from the pack, touching the package with visibly soiled gloves. CNA #3 then removed her soiled gloves, sanitized hands, applied clean gloves, and then pulled more wipes from the pack to continue cleaning the resident.</p> <p>On 03/13/2025 at 9:33 AM, during an interview, CNA #3 stated she improperly removed wipes during care. She confirmed she contaminated the wipes container by pulling more wipes from the pack with soiled gloves.</p> <p>On 03/13/2025 at 11:36 AM, during an interview, the Risk Manager (RM)/Infection Preventionist (IP) stated that CNA #3 contaminated the wipes each time she pulled them from the pack with dirty gloves on.</p> <p>On 03/13/2025 at 1:57 PM, during an interview, the Director of Nursing (DON) stated CNA #3 should have pulled enough wipes from the container before beginning care. The DON confirmed there was potential for contamination and possible infection.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #58 on 11/02/2021 with diagnoses including Unspecified Dementia.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/28/2025 revealed Resident #58 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Section GG revealed the resident requires partial to moderate assistance with toileting.</p> <p>A record review of the facility's Perineal Care Check List, dated 8/22/24, revealed CNA #3 received training and performed a return demonstration regarding perineal care.</p>		