

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Grenada Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1966 Hill Drive Grenada, MS 38901	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>36824</p> <p>Based on staff and resident interviews, record review, and facility policy review the facility did not report an allegation of abuse to the State Agency within two (2) hours after the incident reportedly occurred for one (1) of four (4) investigations. Resident #58</p> <p>Findings include:</p> <p>Record review of the facility policy titled Abuse Prohibition Policy reviewed 5/17/24 revealed 1. Any employee who becomes aware of an allegation of abuse, neglect or misappropriation of resident property, shall report the incident to the Abuse Coordinator immediately. Failure to do so will result in disciplinary action up to and including termination .</p> <p>On 7/16/24 at 8:35 AM, an interview with Nursing Assistant (NA) #1 revealed she and Certified Nursing Assistant (CNA) #1 were providing care to Resident #58 when he reached up and touched her breast. CNA #1 told him not to do that and removed his hand, he then grabbed her breast again and she held his wrist and hit him in the face with his hand. The NA confirmed she did not tell or report to anyone about the incident that day. NA #1 revealed she did tell a nurse the next day, she was aware she should have reported it immediately but did not because CNA #1 was around.</p> <p>On 7/16/24 at 9:00 AM, an interview with Registered Nurse (RN) #1 revealed she was asked by NA #1 to come in the room and help with care for Resident #58. CNA #1 was in the room when RN #1 entered. CNA #1 left the room to get a clean sheet and gown for the resident and then when she returned, she assisted in positioning the resident. RN #1 confirmed NA #1 did not tell her of the incident that allegedly just occurred, while they were alone in the room or any time during that day. RN #1 revealed NA #1 told her of the alleged incident the next day.</p> <p>On 7/17/24 at 8:15 AM, an interview with the Director of Nursing (DON) revealed the facility was not aware of the alleged incident until the day after it reportedly occurred.</p> <p>Record review of the facility Disciplinary Action Record completed by the DON, revealed NA #1 was suspended pending investigation, due to not reporting an allegation of abuse observed by her on 6/4/24 until 6/5/24. The form revealed the expectations were NA #1 should report an allegation of abuse immediately. The Disciplinary Action Record dated 6/5/24 revealed the NA #1's signature.</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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