

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Leakesville Rehabilitation and Nursing Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Melody Lane Leakesville, MS 39451	

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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p>43283</p> <p>Based on interviews, record review, and facility policy review the facility failed to ensure residents quality of life was maintained as evidenced by the facility's failure to provide a clean and comfortable homelike environment, including clean, blood free linens for one (1) of 17 sampled residents. Resident # 32</p> <p>Findings include:</p> <p>A record review of the facility's policy Safe and Homelike Environment, revised 2/12/2023 revealed . In accordance with resident's rights, the facility will provide a safe, clean, comfortable, and homelike environment .Policy Explanation and Compliance Guidelines .4. The facility will provide and maintain bed and bath linens that are clean and in good condition .</p> <p>On 5/6/24 at 11:30 AM, in an interview, Resident #32 complained he had gotten blood on his bed sheets and gown when he had a procedure for an intravenous (IV) line. He said he had to sleep on sheets and in a gown that had blood on them.</p> <p>On 5/6/24 at 12:40 PM, during an interview with Licensed Practical Nurse (LPN)#1, she explained she did not remember Resident #32's sheets and gown having blood on them, but she only took off the black compression wrap and did not go back into the resident's room that evening.</p> <p>On 5/6/24 at 3:20 PM, during an interview with Certified Nurse Aide (CNA) #4, she reported she did not remember what time it was, but when she went to obtain Resident #32's vital signs, she saw some blood on his bed sheet and gown. She stated she was not assigned to care for Resident #32 that evening and she forgot to tell his aide or nurse about the blood on the sheets. She said she thought someone would see it.</p> <p>On 5/7/24 at 1:00 PM, during an interview with the Ombudsman, she explained Resident #32 complained to her today that he had to lay in a bloody gown and bloody sheets overnight this past weekend until a nurse came in to change the midline dressing and changed his sheets and gown.</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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 9:00 AM, during an interview with Registered Nurse (RN) #2, she explained she worked on 5/4/24 and 5/5/24 as the weekend supervisor the past weekend. She reported on 5/4/24, Resident #32 had a line inserted around 3:00 PM. She left at 3:30 PM and did not observe the resident after the procedure was completed. She stated on the morning of 5/5/24, she observed Resident #32 and changed the dressing for the line. She confirmed the resident's draw sheet and gown had dried blood and she had to change his sheets and his gown. She explained his sheets and gown should have been changed when they became soiled with blood. Resident #32 reported to her that he had asked a LPN and CNA to change his sheets and gown because of the blood, but no one changed them.</p> <p>At 1:00 PM on 5/9/24, during an interview with the Director of Nursing (DON), she explained she expected staff to change resident's sheets and gown and to not allow a resident to lay in soiled linens overnight.</p> <p>At 4:00 PM on 5/9/24, during an interview with the Administrator, he explained he expected all linens to be clean for residents.</p> <p>A record review of the Face Sheet revealed the facility admitted Resident #32 on 12/3/19 with current diagnoses including Hemiplegia Following Cerebral Infarction Affecting Left Nondominant Side.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 2/22/24 revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.</p> <p>A record review of the Departmental Notes revealed Resident #32 had a Nurse Notes, dated 5/5/24 10:58 AM for . Resident had midline insertion done as ordered on 05/04/24 . Dressing to midline insertion site soiled with blood due to procedure .Dressing changed per sterile technique .</p>		