

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Haven Hall Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Mills Street Brookhaven, MS 39601	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50751</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure care plan interventions related to Enhanced Barrier Precautions (EPB) were implemented for two (2) of three (3) residents reviewed with indwelling devices. Residents #25 and #33</p> <p>Findings Include:</p> <p>A review of the facility's policy titled, Using the Care Plan, (undated), revealed, The care plan shall be used in developing the resident's daily care routines and will be available to staff personnel who have responsibility for providing care or serviced to the resident .</p> <p>Resident #25:</p> <p>A record review of Resident #25's Comprehensive Care Plan, with a date initiated of 5/26/23 revealed . receives PEG (Percutaneous Endoscopic Gastrostomy) tube feeding . Interventions . Maintain set Enhanced Based Precautions, such as washing hands, wearing a gown, wearing gloves, etc. when in resident's room when performing close contact care</p> <p>During an observation on 10/31/24 at 8:55 AM, Licensed Practical Nurse (LPN) #1 was observed performing PEG tube site care for Resident #25 without wearing a gown.</p> <p>During an interview on 10/31/24 at 9:11 AM, LPN #1 confirmed that she was aware of the EBP signage, however stated that she was uncertain of the requirement of wearing a gown. LPN #1 stated that although she had received EBP training several months prior, she could not recall specific guidelines.</p> <p>During an interview on 10/31/24 at 9:38 AM, the Infection Preventionist/LPN #3 confirmed that staff performing PEG tube care should wear a gown as part of EBP.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #25 on 05/17/23. The resident's diagnoses included Aphasia related to Cerebral Infarction, Hemiplegia, and Gastrostomy Status.</p> <p>Resident #33:</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 33's Comprehensive Care Plan with a date initiated of 4/24/24 revealed At risk for complications related to hx (history) Acute Renal Failure .Nephrostomy drain . Interventions: Signage to be placed on outside of residents door. Labeling as a room for EBP.</p> <p>Observations of the door of Resident #33 on 10/28/24 at 12:57 PM and 10/31/24 at 8:50 AM revealed there was no signage on Resident #33's door related to EBP.</p> <p>During an interview on 10/31/24 at 9:35 AM, Infection Preventionist/LPN #3 confirmed that Resident #33 should have EBP signage on the door due to the nephrostomy catheter. She stated that EBP signage should be maintained for residents with indwelling devices to protect against infection.</p> <p>During an interview on 10/31/24 at 12:14 PM, the Director of Nurses (DON) acknowledged the importance of staff following guidelines for EBP. She emphasized she expects staff to follow a resident's care plan.</p> <p>During an interview on 10/31/24 at 12:30 PM, the Care Plan Nurse/LPN #2 stated that the care plans are written as a guide for nursing care and that staff are expected for follow the care plans.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #33 on 04/24/24. The resident's diagnoses included Acute Kidney Failure, Unspecified and Infection and Inflammatory Reaction Due to Nephrostomy Catheter.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>48669</p> <p>Based on interviews and Certification and Survey Provider Enhanced Reports (Casper) reporting data review, the provider failed to ensure their Payroll-Based Journal (PBJ) data, containing staffing hours for the appropriate care of residents, was corrected before submission to the Centers for Medicare and Medicaid Services (CMS) for one (1) of four (4) quarters in 2024. 3rd (Third) Quarter</p> <p>Findings Include:</p> <p>A review of the facility policy titled, Reporting Direct Care Staffing Information (Payroll-Based Journal), revised August 2022, revealed, . Complete and accurate direct care staffing information is reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS .</p> <p>Record review of the PBJ Staffing Data Report FY (fiscal year) Quarter 3 2024 (April 1-June 30) revealed One star staffing rating and excessively low weekend staffing triggered. Triggered= Star Staffing Rating equals 1; Submitted weekend staffing data is excessively low.</p> <p>During an interview on 10/31/24 at 9:17 AM, the Human Resources Director explained that she does not handle anything directly related to the PBJ. She stated that her role involves compiling information that is automatically calculated within the payroll system, which she then submits to the corporate office for processing in the PBJ.</p> <p>During an interview on 10/31/24 at 9:23 AM, the Administrator confirmed that she does not view or process PBJ reporting, as all PBJ data is managed by the corporate office.</p> <p>During a phone interview on 10/31/24 at 1:33 PM, the Corporate Payroll Representative confirmed that he receives the daily staffing sheets from the facility. He reviewed the staffing grid with the State Agency (SA), selecting random dates to verify that the information submitted matched the data provided by the facility during the recertification survey. He noted that the facility's daily staffing punches are automatically uploaded to their payroll system through a second and third party. However, he acknowledged that a glitch appears to exist within either the second or third party's system, leading to discrepancies between the data extracted from the facility and what was exported to PBJ. He indicated that this issue requires resolution to ensure accurate reporting.</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 observations, interviews, record reviews, and facility policy review, the facility failed to ensure Enhanced Barrier Precautions (EBP) were followed by staff when providing direct care for residents with indwelling devices for two (2) of three (3) residents reviewed with indwelling devices. Residents #18 and #25</p> <p>Findings Include:</p> <p>A review of the facility's policy titled, Enhanced Barrier Precautions, (undated) revealed, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs) . Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents colonized or infected with MDRO as well as those at increased risk for MDRO acquisition (e.g., residents with wounds or indwelling medical devices) .</p> <p>Resident #18</p> <p>During an observation of catheter care on 10/30/24 at 10:46 AM, revealed Certified Nursing Assistant (CNA) #1 or CNA #2 did not put on a gown prior to beginning catheter care. The care was completed without either CNA ever putting on a gown.</p> <p>During an interview on 10/30/24 at 2:05 PM, CNA #1, an agency staff member with six years of experience, stated that she had not received training on Enhanced Barrier Precautions and confirmed that she did not apply a gown before providing care.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #18 on 06/05/24. The resident's diagnoses included Urine Retention, Unspecified.</p> <p>A record review of Resident #18's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/03/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Section H of the MDS was coded for Foley catheter use.</p> <p>Resident #25</p> <p>On 10/31/24 at 8:55 AM, during an observation , Licensed Practical Nurse (LPN) #1 was observed performing PEG (Percutaneous Endoscopic Gastrostomy) tube care for Resident #25 without wearing a gown.</p> <p>During an interview on 10/31/24 at 9:11 AM, LPN #1 confirmed that she was aware of the EBP signage on Resident #25's door but was unsure if she was supposed to wear a gown. She stated that she had received EBP training but was uncertain of the requirements.</p> <p>Record review of the Order Review History Report dated 10/31/24 revealed a physician order dated 4/12/24 Enhance Barrier Precautions as of 4/1/2024 related to gastronomy status .</p> <p>(continued on next page)</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>A record review of the Admission Record revealed the facility admitted Resident #25 on 05/17/23 with diagnoses that included Aphasia related to Cerebral Infarction, Hemiplegia, and Gastrostomy Status.</p> <p>During an interview on 10/31/24 at 9:38 AM, the Infection Preventionist/LPN #3 confirmed that the facility had instituted EBP in March and conducted in-services. She stated that conditions requiring EBP include chronic wounds, catheters, and PEG tubes, and she expected staff to follow these guidelines.</p> <p>During an interview on 10/31/24 at 12:09 PM, the Director of Nursing (DON) stated that when performing resident care that involves close contact, staff are required to wear a gown in an effort to protect their uniform and the possibility of infections being transmitted to residents. The DON confirmed that CNA #1 should have worn a gown while providing catheter care to Resident #18 and that LPN #1 should have worn a gown while performing PEG tube care for Resident #25.</p> <p>50751</p>		