

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Greene County Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 Jackson Street 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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>48181</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to be free from physical restraints by not identifying and documenting the use of a chest harness as a restraint for one (1) of fourteen (14) sampled residents. Resident #38</p> <p>Findings Include:</p> <p>A review of the facility's policy titled Use of Restraints, revised April 2017, revealed: Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and ongoing re-evaluation for the need for restraints will be documented. 1. Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached to the resident's body that the individual cannot remove. 2. If the resident cannot remove a device in the same manner in which the staff applied it, given the resident's physical condition, and this restricts his/her typical ability to change position or place, that device is considered a restraint</p> <p>A record review of Resident #38's medical record revealed there was no documentation regarding the use of a restraint.</p> <p>On 10/08/24 at 3:50 PM, during an interview with the Administrator, she explained that Resident #38 wore the support straps across her body while sitting in her wheelchair due to her medical condition. The Administrator stated that the facility did not consider the support device, which was a harness, as a restraint. She further explained that if a resident does not have the mental capacity to understand or remove the restraint, it was not considered a restraint by the facility. The Administrator confirmed that Resident #38 could not remove the harness without staff assistance.</p> <p>On 10/09/24 at 7:30 AM, in an observation, Resident #38 was observed sitting in her wheelchair with a cloth cross-body strap support on her upper chest.</p> <p>On 10/09/24 at 7:38 AM, during an interview, Licensed Practical Nurse (LPN) #1 stated that the resident wore the straps across her body when she was in her wheelchair to provide support. LPN #1 reported that Resident #38 was placed in her wheelchair for two (2) hours in the morning and then placed back in bed for two (2) hours, continuing this cycle throughout the day. LPN #1 added that the straps had been used since the resident was admitted to the facility.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/09/24 at 7:40 AM, during an interview, Certified Nursing Assistant (CNA) #2 confirmed that the straps were placed across the resident's chest to prevent her from falling out of the chair. CNA #2 also confirmed that Resident #38 could not remove the straps on her own.</p> <p>On 10/09/24 at 11:05 AM, in an interview, the Director of Nursing (DON) acknowledged that Resident #38 was unable to remove the harness from her wheelchair without staff assistance. The DON confirmed that the facility had not previously identified the strapping device as a restraint. The DON explained that, moving forward, the facility would conduct pre-restraint evaluations, obtain physician's orders, secure consents from the resident's representative, and ensure proper documentation. Additionally, the DON committed to providing in-service training to staff on identifying and documenting restraints.</p> <p>A record review of the Admission Record revealed that the facility admitted Resident #38 on 04/19/19 with diagnoses including Spastic Quadriplegic Cerebral Palsy.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/24/24 revealed that Resident #38's cognitive skills for daily decision-making were severely impaired. The resident required a staff interview for cognitive status.</p>		

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48181</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to develop and implement a comprehensive, person-centered care plan to reflect the use of a restraint for one (1) of fourteen (14) sampled residents, Resident #38.</p> <p>Findings Include:</p> <p>A review of the facility's policy titled Use of Restraints, revised April 2017, revealed .17. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s) but the underlying problems that may be causing the symptom(s) . 18. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use</p> <p>During an observation on 10/09/24 at 7:30 AM, Resident #38 was sitting in her wheelchair with a cloth cross-body strap support on her upper chest.</p> <p>A record review of the Comprehensive Care Plan revealed that there was no care plan developed related to the use of a physical restraint.</p> <p>During an interview on 10/09/24 at 11:05 AM, the Director of Nursing (DON) acknowledged Resident #38 was unable to remove the harness restraint while in her wheelchair. The DON confirmed Resident #38 had not previously been care planned for the restraint and explained the reason of care planning is to note the focus area with goals and interventions for the staff. The DON stated her expectation going forward is to care plan focus areas promptly so that staff can be aware of how to care for the residents.</p> <p>A record review of the Admission Record revealed that the facility admitted Resident #38 on 04/19/19 with diagnoses including Spastic Quadriplegic Cerebral Palsy.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/24/24 revealed that Resident #38's cognitive skills for daily decision-making were severely impaired. The resident required a staff interview for cognitive status.</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>37415</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to follow proper sanitation and food handling practices to prevent the possible outbreak of foodborne illnesses, as evidenced by a foreign object observed in the sugar bin for one (1) of four (4) kitchen observations.</p> <p>Findings Include:</p> <p>A review of the facility's policy titled Storage of Canned and Dry Food, revised 10/17, revealed, .The facility ensures the quality, nutritive value, and safety of canned and dry food through accepted storage practices. Procedure: 1. Dry storage is designated for the storage of dry goods such as single-service items, canned goods, and packaged or containerized bulk food .2. The dry storage room is a clean, dry area free from contaminants .10. Dry food products such as flour, cornmeal, sugar, etc., are removed from their original packaging and stored in bins. These bins are cleaned and sanitized according to the facility's cleaning schedule .</p> <p>On 10/07/24 at 10:36 AM, during an observation and interview of the dietary department, the State Agency (SA) observed what appeared to be a rock (foreign object) in the sugar bin. Dietary Staff #1 and Dietary Staff #2 confirmed during an interview that the foreign object was in the sugar bin. Dietary Staff #1 stated that she did not know how the object got into the sugar, but she explained that all staff members are responsible for checking the sugar. Dietary Staff #2 stated that she had used sugar from the second bin in the kitchen to make tea for the residents but was unsure how the object entered the sugar and emphasized that everyone who uses the dry goods should examine the products.</p> <p>During an interview on 10/08/24 at 2:00 PM, Dietary Staff #2 reported that she had dumped the contaminated sugar the previous day, cleaned the container, and refilled it halfway. Dietary Staff #2 also confirmed that residents could become ill from consuming food contaminated with foreign objects.</p> <p>During an interview on 10/08/24 at 2:55 PM, the Administrator expressed her expectations for staff to examine all food before serving it to residents. She further stated that it is the staff's responsibility to ensure that all food is sanitary and free from foreign objects for the residents, and she expects all staff members to examine dry goods.</p> <p>A record review revealed the facility conducted an in-service training on 03/25/24. The kitchen staff was trained to check containers of sugar, flour, and commmeal, clean and sanitize containers, and refill them. Staff members signed to confirm their understanding and agreement.</p>		