

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47157</p> <p>Based on resident and staff interview, record review, and facility policy review, the facility failed to notify the provider of a change in a resident's status, when a resident refused her medications two or more consecutive times for (1) one of (7) seven residents with medication regimen review. Resident #46</p> <p>Findings include:</p> <p>Review of the policy titled, Change in a Resident's Condition or Status revised February 2014, revealed, the nurse supervisor/charge nurse will notify the resident's attending physician when there has been a refusal of treatment or medications (i.e., (example) two (2) or more consecutive times).</p> <p>Review of the E-Medication Administration Record (EMAR) from June 4th -June 17th for Resident #46, revealed Cosopt eye drops: instill one drop to both eyes twice daily for Glaucoma-(6) six refused doses. Docusate Sodium 100 (mg) milligram twice daily for prevention of constipation-12 refused doses. Pepcid 20 mg one tablet twice daily for GERD (Gastroesophageal Reflux Disease) -(5) five refused doses. Aspirin 81 mg one tablet daily for history of CVA (Cerebral Vascular Accident)-5 refused doses. Plavix 75 mg 1 tablet daily for Peripheral Vascular Disease--5 refused doses. Vitamin C 500 mg daily to promote wound healing--5 refused doses. Zinc 50 mg daily to promote wound healing--5 refused doses.MTV (multivitamin) with minerals one tablet daily to promote wound healing--5 refused doses.Rena Vite one tablet daily for ESRD (End Stage Renal Disease) --5 refused doses.Norvasc 10 mg one tablet daily on Tuesday/Thursday/Saturday /Sunday-(4) four refused doses. Sodium Bicarb 650 mg 2 tablets twice daily for ESRD-10 refused doses. Pro-stat 30 (ml) milliliters twice daily to promote wound healing- 22 refused doses. Arginaid 1 packet twice daily to promote wound healing-22 refused doses.Velphoro 500 mg 1 tablet three times daily for ESRD- 20 refused doses.</p> <p>In an interview with Resident #46 on 6/19/24 at 9:00 AM, she revealed she knows she does not take all her medications, takes them when she can and is feeling up to it and knows she needs to take them.</p> <p>Review of the Departmental notes for Resident #46 from June 4th through June 17th revealed no documentation that the Medical Provider was notified that Resident #46 was continuing to refuse medications.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director of Nursing (DON) on 6/18/24 at 10:00 AM, confirmed after review of the Departmental notes for Resident #46 for the Month of June 2024, she was unable to find documentation that the Medical Provider was notified of Resident #46 continuing to refuse her medications and supplements. The DON confirmed the Medical Director should have been notified of Resident #46's continued refusal of medications and failure to do so put the resident at risk for decompensation, organ failure, or acute illness.</p> <p>In an interview with Licensed Practical Nurse (LPN) #2 on 6/19/24 at 8:10 AM, she confirmed she was aware that Resident #46 had been and continued to refuse her medications and vitamin supplements. She then confirmed that she had not notified the medical provider that the resident was continuing to refuse her medications but stated she should have.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #46 to the facility on [DATE] with diagnoses including End Stage Renal Disease and Orthopedic aftercare following a surgical amputation.</p> <p>Record review of the Admission Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 5/07/24, revealed Resident #46 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated that she was moderately cognitively impaired.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47157</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to implement a fall risk care plan when staff transferred a resident in a mechanical lift with only one (1) staff assist when the resident required the assistance of two (2) staff members for 1 of 16 residents care plans reviewed. (Resident # 1)</p> <p>Findings include:</p> <p>Review of the policy titled, Care Plans-Comprehensive, revealed Policy Statement: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychosocial needs for each resident.</p> <p>Record review of a care plan for Resident #1 with a problem/need of Resident is at risk for falls (r/t) related to Cerebral Vascular Accident (CVA) with left hemiparesis, and muscle weakness. Resident has had an increase in fall risk (d/t) due to the decline in cognition as exhibited by (AEB) unable to recall that resident can't stand and walk, Approaches include Transfer Resident using the [NAME] lift x (times) 2 staff members.</p> <p>Record review of the incident report dated 6/14/24 at 7:04 PM for Resident #1 revealed that while a Certified Nurse's Assistant (CNA) was transferring the resident with the Lift, the resident became unstable due to being combative with care and was assisted to the floor to attempt to prevent a fall.</p> <p>In an interview with the Director of Nursing (DON) on 6/18/24 at 1:25 PM, she revealed all residents requiring a mechanical lift must have 2 staff assistance unless otherwise care planned.</p> <p>An interview with CNA #2 on 06/18/24 at 1:58 PM, confirmed she did not use 2 people to transfer Resident #1 on 6/14/24 with a lift when he had to be lowered to the floor.</p> <p>In an interview with Minimum Data Set (MDS) nurse on 6/19/24 at 8:28 AM, she revealed the purpose of the comprehensive care plan is to inform staff of the individual needs, preferences, and type of care a resident needs, and confirmed if a resident's care plan reflected 2 staff for a transfer and the resident was transferred with assistance of only 1 staff, the staff did not follow the care plan for that resident.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #1 on 1/17/19 with a diagnosis of Unspecified Dementia and Cerebral infarction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47157</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to implement interventions to reduce the risk of accidents and hazards when staff transferred a resident in a mechanical lift with only one (1) staff assist, when the resident required the assistance of two (2) staff members for 1 of three (3) residents reviewed for accidents and hazards. (Resident # 1)</p> <p>Findings include:</p> <p>Review of the policy titled, Lifting Machine, Using a Portable, revised February 2014, revealed two (2) nursing assistants are required to perform the procedure.</p> <p>Record review of the incident report dated 6/14/24 at 7:04 PM for Resident #1, revealed while Certified Nurse's Assistant (CNA) was transferring the resident with the lift, the resident became unstable due to being combative with care, and was assisted to the floor in an attempt to prevent a fall. The nurse assessed a small, reddened area noted to the left knee. Resident #1 was lifted from the floor via lift x (times) four (4) staff members and placed in a wheelchair.</p> <p>An interview with CNA #3 on 6/18/24 at 9:00 AM, revealed that there must be at least 2 staff present while using the mechanical lift because it reduces the risk of a resident getting hurt with staff support.</p> <p>Record review of the Lift/Transfer Evaluation for Resident #1 dated 4/30/24, revealed Mechanical floor lift required with transfer to and from: bed-to-chair, chair-to-toilet, and chair-to-chair.</p> <p>An interview with the Director of Nursing (DON) on 6/18/24 at 1:25 PM, revealed that all residents requiring a mechanical lift must have assistance of 2 staff unless otherwise care planned. She confirmed that during her investigation of the incident on 6/14/24 involving Resident #1, she found that CNA #2 did not use 2 staff assist to transfer Resident #1. She then revealed by not transferring Resident #1 with the appropriate staff required, would place the resident and staff at risk for injury, such as falls, skin tears, or fractures.</p> <p>An interview with CNA #2 on 6/18/24 at 1:58 PM, confirmed she did not have two staff present to transfer Resident #1 on 6/14/24 with a lift when he had to be lowered to the floor. She stated she knew at least two staff were required to transfer each resident, but stated it was the end of her shift and Resident #1 was wet, and she would rather not leave him wet, so she went ahead and transferred him.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #1 on 1/17/19 with a diagnosis of Unspecified Dementia and Cerebral infarction.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>47157</p> <p>Based on resident and staff interview, record review, and facility policy review the facility failed to communicate pertinent resident information with a contracted End-Stage Renal Disease (ESRD) facility, when a dialysis resident had refused medications two (2) or more consecutive times for one (1) of three (3) dialysis residents reviewed. Resident #46</p> <p>Findings include:</p> <p>Cross reference F580</p> <p>Review of the policy titled , End-Stage Renal Disease, Care of a Resident with, revealed agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including the facility will share pertinent information with the dialysis unit on residents per communication.</p> <p>Review of the E-Medication Administration Record (EMAR) from June 4th -June 17th for Resident #46, revealed Cosopt eye drops: instill one drop to both eyes twice daily for Glaucoma-(6) six refused doses. Docusate Sodium 100 (mg) milligram twice daily for prevention of constipation-12 refused doses. Pepcid 20 mg one tablet twice daily for GERD (Gastroesophageal Reflux Disease) -(5) five refused doses. Aspirin 81 mg one tablet daily for history of CVA (Cerebral Vascular Accident)-5 refused doses. Plavix 75 mg 1 tablet daily for Peripheral Vascular Disease--5 refused doses. Vitamin C 500 mg daily to promote wound healing--5 refused doses. Zinc 50 mg daily to promote wound healing--5 refused doses.MTV (multivitamin) with minerals one tablet daily to promote wound healing--5 refused doses.Rena Vite one tablet daily for ESRD (End Stage Renal Disease) --5 refused doses.Norvasc 10 mg one tablet daily on Tuesday/Thursday/Saturday /Sunday-(4) four refused doses. Sodium Bicarb 650 mg 2 tablets twice daily for ESRD-10 refused doses. Pro-stat 30 (ml) milliliters twice daily to promote wound healing- 22 refused doses. Arginaid 1 packet twice daily to promote wound healing-22 refused doses.Velphoro 500 mg 1 tablet three times daily for ESRD- 20 refused doses.</p> <p>Review of the June Dialysis Transfer forms for Resident #46, revealed no documentation of resident refusing medications on multiple days.</p> <p>An interview with Resident #46 on 6/19/24 at 9:00 AM, revealed she knows she does not take all her medications but takes them when she is feeling up to it. She knows she needs to take them.</p> <p>An interview with the Director of Nursing (DON) on 6/18/24 at 10:00 AM, she verbalized after review of the June 2024 Dialysis Transfer Forms for Resident #46 she was unable to find any documentation that the dialysis clinic was ever notified of the resident's refusal of medications and supplements. She then stated the Dialysis Provider should have been notified of Resident #46's continued refusal of medications and failure to do so put the resident at risk for decompensation, organ failure, or acute illness.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A phone interview with the Dialysis Registered Nurse (RN) #1 on 6/19/24 at 5:45 AM, verbalized Resident #46 was a patient at the clinic and she is assigned to her. She verbalized she was not aware that Resident #46 had not been taking her medications and supplements, and that information was not on any of the communication forms sent from the nursing facility. She stated Resident #46's treatment plan was discussed on the morning of 6/18/24 with the Nephrologist and care team and the refusal of medications should have been discussed for needed changes. She went on to say that she will immediately ensure the provider and care team are aware because the provider may need to make changes to Resident 46's treatment plan. She went on to reveal that the refusal of the medications and supplements could definitely affect Resident #46's lab values and overall health condition.</p> <p>An interview with Licensed Practical Nurse (LPN) #2 on 6/19/24 at 8:10 AM, she verbalized she was aware that Resident #46 had been refusing her medications and verbalized that Resident #46 was continuing to refuse her medications and vitamin supplements. LPN #2 confirmed she had not communicated to dialysis that the resident was continuing to refuse her medications and confirmed she should have.</p> <p>Review of the Face Sheet revealed the facility admitted Resident #46 on 4/30/24 with a diagnosis of End Stage Renal Disease and Orthopedic aftercare following a surgical amputation.</p> <p>Record review of the Admission Minimum Data Set (MDS) Section C with an Assessment Reference Date) ARD of 5/07/24, revealed Resident #46 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated she was moderately cognitively impaired.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Tunica County Health & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Highway 61 South Tunica, MS 38676	
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 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>47158</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to store food in accordance with professional standards for food safety as evidenced by failure to maintain the cleanliness of a resident's personal refrigerator for one (1) of 16 resident refrigerators observed. Resident #8.</p> <p>Findings include:</p> <p>A record review of the facility policy titled, Food brought by Family/Visitors/Outside Sources, revised January 2018, revealed foods requiring refrigeration may be stored in a resident's personal refrigerator. A designated employee will be assigned the following task, keeping the refrigerator clean and free from spills.</p> <p>A record review of the facilities Night shift wheelchair and refrigerator schedule revealed Thursday, clean refrigerators in your assigned group.</p> <p>An observation of Resident #8's refrigerator with Licensed Practical Nurse (LPN) #1 on 6/18/24 at 10:00 AM, revealed 1 quarter sized and two (2) nickel sized black spots were noted in the top compartment of the refrigerator door and numerous small black spots were covering the entire bottom of the refrigerator. The refrigerator was also noted to contain 2 fruit cups and four (4) bottles of water. LPN #1 identified the black spots as mildew and stated that the refrigerator was extremely nasty. She stated that the refrigerator should be cleaned weekly by staff but confirmed the refrigerator had not been cleaned in a while.</p> <p>In an interview with the Director of Nursing (DON) on 6/18/24 at 11:00 AM, she revealed that staff informed her of how dirty Resident #8's refrigerator was and stated the refrigerators are scheduled to be cleaned weekly on night shift. She stated there is no documentation log for staff to sign when the task is completed. The DON stated the refrigerator not being cleaned and having mildew present could place the resident at risk for getting sick with a foodborne illness.</p> <p>In an interview with the Infection Preventionist (IP) on 6/19/24 at 8:45 AM, she stated that she did not check to ensure that resident refrigerators were cleaned as scheduled and there was no way to know exactly when Resident #8's refrigerator was last cleaned.</p> <p>A record review of Resident #8's Face Sheet revealed the facility admitted him on 10/10/2018 with a diagnosis of Dementia.</p>		