

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER MS Care Center of Raleigh		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Magnolia Dr/Highway 35 South Raleigh, MS 39153	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44179</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to provide a safe, functional, sanitary, and comfortable environment as evidenced by resident rooms with excessive rust on the ceiling grids for two (2) of nine (9) resident rooms observed on the North Hall. rooms [ROOM NUMBERS]</p> <p>Findings Included:</p> <p>A review of the facility's policy, revised 9/2022, revealed, It is the policy of this facility to provide services based on the following regulation .Safe/Functional/Sanitary/Comfortable Environment .The facility will provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public .</p> <p>On 9/12/24 at 11:15 AM, in an observation of room [ROOM NUMBER] and room [ROOM NUMBER] on the North Hall, the metal ceiling grids were excessively discolored with rust. The rusted areas were more excessive over the beds that were near the windows in the room.</p> <p>On 9/12/24 at 12:10 PM, in an interview and observation of room [ROOM NUMBER] with Housekeeper #1, she confirmed the ceiling grids were excessively rusted. She explained she had worked on the North Hall for approximately one (1) month and had not noticed the rusted ceiling grids.</p> <p>On 9/12/24 at 2:15 PM, in an interview and observation of rooms [ROOM NUMBERS] with the Maintenance Director, he confirmed the ceiling grids were rusted and was unsure why the grids were more rusted in the two rooms above the beds than other places throughout the facility. He stated he felt like the rust was caused by using aerosol disinfecting products during the COVID-19 pandemic. He explained he would repair the grids and that he had not gotten to it yet.</p> <p>On 9/12/24 at 4:15 PM, in an interview with the Administrator, she explained she was not aware of the rusted ceiling grids in the rooms but acknowledged the facility utilized aerosol disinfectant during COVID-19.</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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