

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint survey, CI MS# 19503, CI MS# 19505, CI MS# 19507, CI MS# 19508, and CI MS# 19520, from 8/29/22 to 8/30/22. During the survey the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm and cited M1005. The SA did not substantiate CI MS# 19503, CI MS# 19505, CI MS# 19507, CI MS# 19508 related to resident safety and falls. The SA substantiated complaint CI MS# 19520 related to environment. The facility is licensed for 130 of beds and at the time of the survey the census was 121.	M 000		
M1005	45.35 HOUSEKEEPING AND PHYSICAL PLANT HOUSEKEEPING AND PHYSICAL PLANT This Statute is not met as evidenced by: Level II Based on observations, interviews, and record reviews, the facility failed to provide a clean, safe, and homelike environment, as evidenced by three (3) out of four (4) shower stalls and 4 of 115 occupied resident rooms observed not being clean, and six (6) out 10 residents reporting a shortage of clean bed linens for the nursing facility. Findings include: Record review for the nursing facility policy regarding housekeeping services and linen delivery revealed the nursing facility does not have these policies. The nursing facility provided a letter on their letterhead acknowledging the	M1005	Preparation and submission of the plan of correction by Yazoo City Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement of state and federal law. 1. On 8/30/22, Administrator ordered 120 flat sheets and 120 fitted sheets from Direct Supply. On 8/30/22, the Housekeeping Manger immediately had shower rooms and identified resident's rooms deep cleaned. On 9/1/22, the	10/19/22

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/22/22

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 1 policies do not exist. An observation on 8/29/22 at 10:50 AM of the shower room on the first floor of the nursing facility, revealed the two (2) first floor shower stall floors had dry black residue on them that was located under the shower chairs. The seat of the shower chairs had streaks of black residue on them. An observation and interview on 8/29/22 at 11:00 AM with Certified Nurse Aide (CNA)#1, revealed it is the responsibility of the CNAs to clean the shower between each resident. CNA #1 confirmed that both first-floor shower stall floors had dry black residue on them, that the seat on both shower chairs had streaks of dark residue on them, and there was hair on the shower drain in the right-side stall. SA requested the CNA use some of the white colored sanitizing wipes to clean the seat of each shower chair and both shower stall floors to observe if the dry black residue was able to be removed. The CNA cleaned both shower chair seats and the black streaks of dry residue to come off. The CNA dropped two (2) of the white colored sanitizing wipes on the shower stall floors and moved them back and forth with her foot, to clean an approximately five (5)x5 inch area of the floor in each. The white colored sanitizing wipes were covered in a black residue when she finished cleaning the area of the shower stall floors. CNA confirmed that neither of the shower stalls had been used on this date. An observation on 8/29/22 at 11:15 AM of the first-floor linen cart revealed, 1 flat sheet and 3 fitted sheets. An interview on 8/29/22 at 11:18 AM with	M1005	housekeeping staff was in serviced by the Housekeeping Manager on proper cleaning of rooms, linen Periodic Automatic Replenishment (PAR) levels, and morning routine in reference to housekeeping. 2. All residents have the potential to be affected. 3. On 9/15/22, in-service was held for all housekeeping personnel by Healthcare Services Group's District Manager on housekeeping job descriptions, laundry protocols, and cleaning methods. On 9/20/22, in services for procedures for disinfecting shower areas in between residents use and linen use, storage, and disposal protocols were started by Assistant Director of Nursing and Staffing Nurse with all nursing staff. In service will be complete on 9/30/22. 4. Beginning 9/15/22 all linen brought to the floors will be signed off by laundry personnel and nursing personnel to ensure correct levels are available for use. Beginning 9/19/22, maintenance personnel will remove shower chairs from each shower room twice a week and deep clean with a pressure washer. Beginning 9/19/22, housekeeping to clean the shower room three times per day along with certified nursing personnel disinfecting between resident use. Beginning 9/19/22, the Housekeeping Manager will inspect two to three rooms per floor for proper cleanliness daily for three months. Beginning 9/26/22, the administrator will inspect two to three rooms per floor for proper cleanliness weekly for three months. A report will be submitted to the Quality Assurance	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 2 Housekeeping, revealed they are responsible to mop the showers, every day, once in the mornings and once in the evenings. She revealed she could not answer why the shower was not clean this morning nor could she answer to when the last time housekeeping had cleaned the shower. An observation of the second floor shower stalls and an interview on 8/29/22 at 11:25 AM with the Registered Nurse (RN) Supervisor for the second floor, confirmed that the second floor's shower stall on the right side, had a dry washcloth hanging on the shower grab bar, that was covered in a black residue, that there was a large white towel crumpled on the floor in front of the shower stall, with streaks of black residue on it, that there were streaks of dry black residue on the shower chair seat, and there was dry black residue over the shower stall floor. The RN Supervisor revealed a resident possibly took a shower the night before and the housekeeper did not clean the shower stall behind the resident. The RN Supervisor revealed the CNAs will clean the showers sometimes, but it is the responsibility of housekeeping to clean the shower between resident use and the housekeeper should have cleaned the shower that night on the 11-7 shift. The RN Supervisor did confirm the right-side shower stall had a dry washcloth hanging on the shower grab bar, that was covered in a black residue, that there was a large white towel crumpled on the floor in front of the shower stall, with streaks of black residue on it, that there were streaks of dry black residue on the shower chair seat, and there was dry black residue over the shower stall floor. An observation on 8/29/22 at 11:35 AM of the second (2nd) floor linen cart revealed 1 flat sheet	M1005	Performance Improvement 10/12/22 for review and recommendation and then monthly for three months. The Housekeeping Manager is responsible for monitoring and compliance.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 3 and no fitted sheets. An interview on 8/29/22 at 11:40 AM with the Housekeeping Manager, revealed the housekeeping staff is responsible for the first morning task of cleaning the showers and are responsible to clean the showers before they leave for the day. The Housekeeping Manager revealed the housekeeping staff is not responsible to clean the showers between residents and there is no 11-7 shift for the housekeeping staff. The Housekeeping Manager revealed the 4 linen carts are taken to the floors, fully stocked from the laundry department, every morning for the 7-3 shift and the carts are replenished for the 3-11 and 11-7 shift. An interview on 8/29/22 at 11:52 AM with CNA #2, revealed the facility had been short of fitted and flat sheets for a long time. She revealed she could not recall when the shortage began, but CNAs do inform the residents they are waiting for more sheets to come from laundry to make the beds. The CNA #2 also noted some of the resident floors needed to be swept and mopped, due there being a lot of dirt under the beds. An interview on 8/29/22 at 11:56 AM with CNA #3, revealed there is not enough linen, flat and fitted sheets, to use to do resident care in the mornings (AM). She revealed only a few flat and fitted sheets would come on the cart from laundry in the AM. She revealed the CNAs would have to make sure, when they got to the floor in the mornings, that all the dirty sheets that had been removed from the residents' beds the night before, were in the dirty linen barrels to go to laundry. The CNA also revealed some of the resident rooms are not being cleaned well by housekeeping and need to be swept and	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 4 mopped. An observation on 8/29/22 at 12:08 PM in Room 129 revealed there was an approximate 2x3 foot area of a visibly grey fluffy substance on top of the dry black residue, on the floor, under the bed on the A side of the room located near the room entrance, and there was an approximate 2x3 foot area of a visibly grey fluffy substance on top of the dry black residue, on the floor under the B bed, extending to the wall, on the window side of the room. The observation revealed the privacy curtain in room 233, on the A side of the room, near the room entrance, had visible dry brown residue in eight (8) places on the curtain. The streaks appeared to have been a possible spillage that had run downward and had dried on the curtain. The observation revealed room 301 had a buildup of dry black residue on the vents on the air conditioning unit, dry black residue was on the floor and the bottom of the base board under the air conditioning unit, and an approximate five (5) by (x) three (3) inch hole in the wall beside the closet, above the base board. The observation also revealed room 331 had a visibly grey fluffy substance on top of a dry black residue build up, on the floor, in an approximate 2x4 foot area, extending from halfway under the A bed, located near the room entrance, to the wall. Room 331 also had an approximate 3x4 foot area, extending from under the B bed to the wall, located on the window side of the room, that was covered with a dried black residue and numerous stands of hair, the air conditioner unit had numerous strands of hair and dry black residue over the entire top of it, and there was a dry black residue and numerous strands of hair on the air conditioner vents. An interview on 8/29/22 at 12:10 PM with the Maintenance Supervisor, revealed he was not	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 5 aware of the hole in the wall in Room 301, because no one told him it was there or if he was told in passing by a staff member, he might have forgotten. He revealed he does not round to look for damages in the nursing facility and looked for his maintenance requests in TELLS (system used by the nursing facility to request maintenance assistance). An observation and interview on 8/29/22 at 12:17 PM with the Housekeeping Manager confirmed Room 129 had an approximate 2x3 foot area of a visibly grey fluffy substance on top of the dry black residue, on the floor, under the bed on the A side of the room located near the room entrance, and an approximate 2x3 foot area of a visibly grey fluffy substance on top of the dry black residue, on the floor under the B bed, extending to the wall, on the window side of the room, and revealed the housekeeping staff should have cleaned the entire floor. He confirmed the privacy curtain in room 233, on the A side of the room, near the room entrance, had visible dry brown residue in eight (8) places on the curtain, and revealed the housekeeping staff should have already changed the curtain. He confirmed room 301 had a buildup of dry black residue on the vents on the air conditioning unit, dry black residue was on the floor and the bottom of the base board under the air conditioning unit. He also confirmed room 331 had a visibly grey fluffy substance on top of a dry black residue build up, on the floor, in an approximate 2x4 foot area, extending from halfway under the A bed, located near the room entrance, to the wall, that there was an approximate 3x4 foot area, extending from under the B bed to the wall, located on the window side of the room, that was covered with a dried black residue and numerous stands of hair, that the air conditioner unit had numerous strands	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 6 of hair and dry black residue over the entire top of it, and there was a dry black residue and numerous strands of hair on the air conditioner vents. The Housekeeping Manager revealed the housekeeping staff should have cleaned the floor and the air conditioner. An observation and interview on 8/29/22 at 12:45 PM with the Administrator, confirmed there was a buildup of dry black residue on the air conditioner vent, a dry black residue on the floor, and at the bottom of the base board, under the air conditioner in Room 301. She also confirmed there was a 5x3 inch hole in the wall, that was located near the corner of the wall beside the closet, above the base board in Room 301. The Administrator was asked by SA to observe the other areas of the nursing facility that needed to be cleaned and the Administrator stated, "There is no need. It will all be cleaned up today." The Administrator revealed this was not a clean/safe homelike environment for the residents, that the air conditioner vent and floor should have been cleaned, and the hole in the wall should have been repaired. The Administrator noted she had not been informed by any staff they needed linen on the floors and the Housekeeping Manager was responsible to keep check on the linen supply. An interview on 8/29/22 at 01:15 PM with the Laundry Department, revealed there was not enough fitted and flat sheets to do a full laundry cart to deliver to either nursing unit. The Laundry Department reported she had to pull dirty linen barrels from the floors three (3) times a day, during the 7-3 shift, to wash linen to return it to the nursing units. She reported she would split the clean linen up evenly and was only able to provide between 4 to 10 flat and fitted sheets, per unit, at a time. The Laundry Department revealed	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 7 a linen cart should consist of enough linen to cover the floors, with a little extra, according to the census. She noted she washes constantly and would get the needed number of clean sheets to the floor before 12:00 PM. She revealed she had informed the Administrator and the Housekeeping Manager of the shortage of the sheets and the Administrator had spoken to the staff about throwing the linen in the garbage when there is feces on it. The Laundry Department revealed the Housekeeping Manager had not offered any suggestions about the linen shortage. The Laundry Department revealed Housekeeping #1, was aware of the CNAs throwing the linen in the garbage and she was the one that takes the garbage out in the mornings and afternoons. 8/29/22 01:40 PM An interview with CNA #2, revealed she was not aware of linen being thrown in the garbage by the CNAs. An interview on 8/29/22 at 02:10 PM with the Administrator revealed no staff had reported to her that linen was being thrown in the garbage by the CNAs. She revealed she did feel that the linen was being thrown away, and confirmed the residents not having clean linen readily available did not make a homelike environment for the residents. An interview on 8/29/22 at 02:15 PM with the Housekeeping Manager revealed he had been informed of the linen being thrown in the garbage. He revealed he had not spoken to nursing staff about the linen that was thrown in the garbage. He noted the laundry department had not reported to him that the linen was short, and he had not spoken with them regarding having enough linen for the nursing units. He revealed there should be enough linen available to have 30	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 8 to 40 flat and fitted sheets per laundry cart. The Housekeeping Manager revealed the lead staff periodically completed a linen raid to collect stored linen from every resident room to ensure there was enough for all residents to use. He revealed the CNAs will hide linen to ensure they have enough. The Housekeeping Manager revealed he had plenty of linen in his office that he would provide to laundry department when they report they were short of linen. SA and the Housekeeping Supervisor conducted a linen raid on 8/29/22 at 02:30 PM, of 115 resident occupied rooms and 6 of the unoccupied rooms, in the nursing facility, but excluded the six (6) COVID isolation rooms, to attempt to locate flat and fitted sheets, that may have been placed in a resident's room, that are not being used by the residents. The linen raid produced 15 flat sheets and 14 fitted sheets. Observation on 8/29/22 at 04:30 PM of the supply of linen stored by the Housekeeping Supervisor, to provide to the laundry department when there is a linen shortage, revealed, 3 packs of 6 flat sheets and no fitted sheets. An interview on 8/29/22 at 06:06 PM with Resident #1 revealed she had been informed more than once there was no clean sheets to put on the beds and she had to wait for the laundry to wash them. An interview on 8/29/22 at 06:17 PM with Resident #2 revealed he had been told there were no clean sheets to change his bed, but it would be changed as soon as some more was washed.	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 9 An interview on 8/29/22 at 06:22 PM with Resident #3 revealed he had been told, more than once, that he had to wait for clean sheets to come from laundry to get his bed changed. An interview on 8/29/22 at 06:25 PM with Resident #4 revealed he had been informed there were no clean sheets on the floor, that laundry was washing some, and he would get his bed changed as soon as possible. He said he was just told there were no sheets few days ago and some time before then. An interview on 8/29/22 at 06:34 PM with the Licensed Practical Nurse (LPN)#1, revealed there are not always enough sheets to change all the residents' beds and laundry had to send more when washed. The LPN #1 noted that dirty linen barrels are pulled, throughout the shifts and sent to laundry for the sheets to be washed and sent back to the floor. LPN #1 revealed she had no knowledge of linen being thrown away in the garbage. An interview on 8/29/22 at 06:40 PM with Resident #5 revealed he had been told there were no clean sheets on the floor, and he had to wait for them to come from laundry. An interview on 8/29/22 at 06:43 PM with Resident #6 revealed he had been told before there were not enough sheets to make his bed and he had to wait for laundry to send some more. An interview on 8/29/22 at 07:10 PM with CNA #4, revealed the CNAs do not always have linen available to change a resident's bed. She revealed she had to go to laundry and get a linen cart when she started her shift. She revealed	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 10 none was left on the floor from the day shift. CNA #4 revealed she had no knowledge of linen being thrown away in the garbage. Observation on 08/30/22 at 06:50 AM of the linen carts revealed: Annex (1st floor 300 Hall) 6 fitted sheets and 1 flat sheet, laundry made an Annex delivery of 10 fitted sheets and 9 flat sheets; on the 100 Hall (1st Floor) there was 4 fitted sheets, and no flat sheets; on the 1st cart on the 2nd Floor there was 10 fitted sheets and 4 flat sheets that had been delivered that morning; and on the second cart on the 2nd floor, there was 5 fitted sheets and 4 flat sheets. Observations on 8/30/22 at 12:30 PM of the linen deliveries to the nursing units, for the 7-3 shift, revealed 6 laundry deliveries were made to ensure all units had enough sheets to change resident beds. The last delivery was made at 12:30 PM. An interview on 8/30/22 at 01:45 PM with the Director of Nursing (DON) revealed, she was not aware of a shortage of sheet for the residents and had not been informed by the nursing staff they had to wait for linen to be washed and sent to the floors before resident care could be completed. She revealed she was not aware of linen being thrown away in the garbage. Record review revealed the nursing facility did not have documentation reflecting the number of linen that should be stocked on each nursing unit's linen cart. Record review of the Section C of the Annual Minimum Data Set, with an Assessment Reference Date of 6/22/22, for Resident #1, revealed a Brief Interview for Mental Status score	M1005		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1005	Continued From page 11 of 13, indicating Resident #1 is cognitively intact. Record review of the Section C of the Quarterly Minimum Data Set, with an Assessment Reference Date of 7/14/22, for Resident #2, revealed a Brief Interview for Mental Status score of 14, indicating Resident #2 is cognitively intact. Record review of the Section C of the Significant Change Minimum Data Set, with an Assessment Reference Date of 7/19/22, for Resident #3, revealed a Brief Interview for Mental Status score of 12, indicating Resident #3 is cognitively intact. Record review of the Section C of the Quarterly Minimum Data Set, with an Assessment Reference Date of 6/3/22, for Resident #4, revealed a Brief Interview for Mental Status score of 09, indicating Resident #4 is mildly cognitively impaired. Record review of the Section C of the Quarterly Minimum Data Set, with an Assessment Reference Date of 7/8/22, for Resident #5, revealed a Brief Interview for Mental Status score of 13, indicating Resident #5 is cognitively intact. Record review of the Section C of the Quarterly Minimum Data Set, with an Assessment Reference Date of 6/1/22, for Resident #6, revealed a Brief Interview for Mental Status score of 15, indicating Resident #6 is cognitively intact.	M1005		