STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255299	A. BUILDING _____ B. WING _____	C 10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINEYARD COURT NURSING CENTER	2002 5TH STREET NORTH COLUMBUS, MS 39705

(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) COMPLETION DATE
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to complete a thorough investigation of a controlled substance medication discrepancy for one (1) of five (5) residents reviewed. Resident #14 Findings include: Record review of facility policy titled, "Abuse, Neglect, and Exploitation", date implemented 10/24/22, revealed, " ...V. Investigation of Alleged Abuse, Neglect and Exploitation - A. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: 1.	F 610	I. Incident was reported by facility Administrator to the State Agency on October 9, 2023. Incident reported to local Police Department by the facility Administrator on October 12, 2023. Incident reported to Responsible Party and Attorney General by the facility Administrator on October 13, 2023. Follow up report submitted to State Agency by the facility Administrator on October 13, 2023. II. All residents in the facility as identified by the electronic medical record in the computer software system have the potential to be affected by the alleged deficient practice. III. The facility Administrator was in	11/17/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/08/2023

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F 610	Continued From page 1 Identifying staff responsible for the investigation; 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g. not tampering or destroying evidence); 3. Investigating different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation ..." During an interview on 10/12/23 at 10:50 AM, the Administrator revealed that during a controlled substance count on 10/9/23, it was noted that approximately 13 milliliters (ml) of Resident #14's liquid Dilaudid was missing. She stated there was some remaining in the medication bottle and the resident was receiving this as ordered and did not go without his medication. An audit of the medication cart controlled substances and the narcotic log count sheets was performed and there were no other discrepancies noted. She stated she notified the State Department of Health and the Pharmacy Board on Monday morning when the discrepancy was identified. She stated she also performed drug screenings on each of the nurses that had been assigned to that medication cart and none of those nurses tested positive for an unprescribed substance. She confirmed the facility did not interview residents to ensure their pain was under control and that they received their medications that were ordered and needed. The Administrator confirmed a complete and thorough investigation was needed to ensure the residents had	F 610	serviced by Corporate Nurse on October 12, 2023, regarding completing a thorough investigation and reporting incidents to the appropriate authorities. IV. The facility Corporate Nurse will audit reportable incidents once per week for four weeks to verify all appropriate authorities notified, and then once per month for two months beginning the week of October 23, 2023. Any adverse findings will be reported to the Administrator and Quality Assurance Committee beginning November 14, 2023, for three months.	

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F 610	Continued From page 2	F 610		

medications available for their use and to ensure residents' property was not misappropriated and the facility failed to complete a thorough investigation when the concern was identified, and she felt this was due to her inexperience with this type of situation.

An interview and observation with Licensed Practical Nurse (LPN) #1 on 10/12/23 at 11:10 AM revealed she worked day shift on 10/9/23, and when the controlled substances were counted that morning, she noted that there was less liquid Dilaudid in the bottle than on the log sheet. She stated she notified the Director of Nursing (DON) of the discrepancy. Observation of the medication bottle revealed a small amount of the medication remaining in the bottle for Resident #14's use.

Record review of the ongoing investigation revealed the incident was identified on 10/9/23 and was reported to the State Agency.

Record review of Resident #14's "Face sheet" revealed the resident was admitted to the facility on 11/22/22 with diagnoses that included Huntington's Disease, Quadriplegia, and Chronic Pain Syndrome.

Record review of Resident #14's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/10/23 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident was severely impaired cognitively and unable to complete the interview.