STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	48HM	A. BUILDING: _____ B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

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M 000	Initial Comments The State Agency conducted an annual recertification survey with a complaint investigation (CI) MS #23250 at the facility from 11/13/23 through 11/16/23. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA cited M 500 for resident rights related to smoking and M 640 for safety during smoking. The facility was in compliance related to CI MS #23250 for resident neglect and no citations related to the complaint were cited. The census at the time of the survey was 91, and the facility held a license for 120 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate	M 500		1/1/24

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M 500	Continued From page 1	M 500		

medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion,

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M 500	Continued From page 2 discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;	M 500		

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M 500	Continued From page 3 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II	M 500	On November 16, 2023 Director of	

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M 500	Continued From page 4 Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to honor a resident's choice to smoke cigarettes for one (1) of 17 smokers residing in the facility. Resident #45. Findings Include: Record review of the facility policy titled "Resident's Rights Policy" with a revision date of 11/23 revealed, "Every resident in this facility has the right to: ... 22. Use tobacco in accordance with applicable policies, rules, and laws..." An observation with interview on 11/13/23 at 3:30 PM, with Resident # 45, revealed him standing in the day room waiting to go outdoors to smoke. The resident revealed that the facility was punishing him because he was caught smoking in his bathroom. He stated they took his cigarettes away as punishment, and he was only allowed to use a vape pen. An interview with Resident # 45 on 11/14/23 at 8:35 AM revealed he was caught by staff smoking in his room. He stated, "I feel it's a punishment to take my cigarettes away." The resident stated, "You just don't know how hard it is to smoke all your life and then be told you can't." The resident voiced he desired to smoke, and he had told multiple staff members, but they will not allow it. An observation on 11/14/23 at 1:30 PM of the supervised scheduled smoke break revealed Resident #45 was provided a vape pen while all other residents were allowed to smoke cigarettes. An interview on 11/14/23 at 1:58 PM with the Director of Nursing (DON) revealed that Resident #45's smoking privileges had been taken away	M 500	Nursing (DON) performed a smoking assessment on resident #45 along with a Quality Assurance meeting to determine that resident #45 would resume smoking tobacco cigarettes under supervision. On November 16, 2023 the Medical Director provided an order for resident #45 to smoke tobacco cigarettes under supervision. November 16, 2023 resident #45 continued going outside but transitioned from a vapor cigarette to tobacco cigarettes per this resident's choice. The care plans for resident #45 was updated by DON on November 16, 2023 to reflect this resident's choice to smoke tobacco cigarettes. On November 27, 2023 the DON and Assessment Nurse performed smoking assessments on all smokers to evaluate current safety and preferences. All residents that smoke have the potential to be affected by this deficient practice. On November 16, 2023 facility initiated an emergency QA meeting to review all residents that smoke and have the potential to be affected by this deficient practice. On November 16, 2023 an in-service was initiated with staff members on the Smoking Policy and supporting Residents' choice. Beginning November 16, 2023 Nurse Case Manager and or Assessment Nurse will assess all smokers on admission, weekly for four-weeks, then monthly for three months and then quarterly to ensure all residents safety and their choice is reflected in the Smoking Assessment. The Nurse Care Manager and or Assessment Nurse will audit weekly for four weeks, then monthly for three months , and then quarterly thereafter to ensure that Smoking	

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CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

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M 500	Continued From page 5 because he refused to follow the facilities rules related to the smoking policy. She stated that he was caught with cigarette butts and a lighter in his room on 7/14/23 and later was caught smoking in his room on 8/14/23. The DON revealed that Resident # 45 was told at that time that he could no longer smoke, since he could not follow the facility policy for smoking. She revealed that he was offered a nicotine patch, which he refused. She revealed the facility also offered to transfer him to another facility, but he wished to stay. The DON revealed she spoke with the resident on multiple occasions and explained that he could no longer smoke cigarettes due to not following the rules. She stated the facility decided the vape pen was the best option and to her knowledge he had been okay with not smoking. An interview with Resident #45 on 11/15/23 at 2:40 PM revealed it was not fair to allow other residents to smoke but not him. He revealed that the Director of Nursing (DON) told him he could work toward regaining his smoking privileges back, and he had done everything they had asked and still could not smoke. He revealed that the DON suggested he use the vape pen, but that had not curbed his need to smoke cigarettes. An interview with the Administrator (ADM) on 11/15/23 at 4:35 PM revealed they are a smoking facility and confirmed that Resident #45 was admitted to the facility as a smoker. The ADM confirmed that they had not tried any other interventions apart from revoking the resident's smoking privileges. An interview on 11/16/23 at 8:03 AM with the Director of Nursing (DON) confirmed the facility had not done everything they could to honor Resident # 45's right to smoke cigarettes.	M 500	Assessments are performed and residents choice is honored . December 3, 2023, the Administrator or DON will report any concerns from the Plan of Correction to the Department Head Meetings weekly for four weeks and then monthly for three-months, then quarterly until substantial compliance is achieved with F561. The Quality Assurance Committee will begin meeting on December 18,2023 monthly for three -months and quarterly until substantial compliance is achieved with F561. If any concerns are identified with the current corrective action plan the Quality Assurance Committee will meet immediately and revise the corrective action plan as needed.	

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M 500	Continued From page 6 Record review of the Departmental Notes for Resident # 45 dated 8/14/23 revealed, "Resident has not followed the policy for smoking and will not be allowed to smoke..." Record review of the Departmental Notes for Resident # 45 dated 9/20/23 revealed, "Resident has been asking frequently to go out to smoke. He cannot smoke due to not following the policy..." Record review of the Face Sheet revealed Resident # 45 was admitted to the facility on 2/26/20 with medical diagnosis that included Heart Failure, Bipolar Disorder, Major Depressive Disorder, Chronic Obstructive Pulmonary Disease, and Anxiety Disorder. Record review of the Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/05/23 revealed under Section C, a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #45 was cognitively intact.	M 500		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II	M 640	n November 16,2023 Social Services and DON interviewed each resident that	1/1/24

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CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

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M 640	Continued From page 7 Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to provide adequate supervision during smoke breaks to prevent residents from obtaining smoking paraphernalia and to maintain resident safety during smoke breaks for one (1) of 15 residents who smoke. Resident #45. Findings Include: Record review of the facility policy titled "Smoking Policies and Regulations" with a revision date of 10/22 revealed, "...Cigarette lighters and matches are not permitted in a resident's room and will be kept at the nurse stations. The facility will provide matches and will light cigarettes upon request in designated areas set aside for smoking. These areas will be monitored by designated staff..." Resident #45 An observation and interview on 11/13/23 at 3:30 PM, with Resident # 45, revealed him standing in the day room waiting to go outdoors to smoke. An interview with Resident # 45 on 11/14/23 at 8:35 AM, revealed he was caught by staff smoking in his room with cigarettes' butts and a lighter that he had confiscated during a supervised smoke break. An observation on 11/14/23 at 1:30 PM, of the supervised scheduled smoke break revealed two (2) staff members that dispensed the residents' cigarettes and provided assist with lighting for fourteen residents while leaving the smoke box open on the outdoor table. All outdoor tables had small, shallow circular ashtrays.	M 640	smokes and obtained verbal consent to search room for any smoking paraphernalia including resident #45. All residents that smoke have the potential to be affected by this deficient practice. On November 16, 2023 facility initiated an emergency QA meeting to review all residents that smoke and have the potential to be affected by this deficient practice. On November 16,2023 facility In-service initiated with staff to educate on the following: container designated to secure smoking paraphernalia must stay closed during smoke breaks and kept beside staff member(s) assigned to the monitoring of each smoke interval. Education also included that only one lighter will be kept in the container along with a focus on the Smoking Policy, supervision during smoke breaks, prevention of resident obtaining smoking paraphernalia and resident safety during smoke breaks. On November 15, 2023 the Smoking Policy was reviewed and signed by all residents that smoke and or Resident Representative (RR) including Resident #45. On November 16, 2023 all table top receptacles were removed from the designated smoke area. Beginning on November 16, 2023 Nurse Case Manager and or Assessment Nurse will assess all smokers on Admission and Quarterly to ensure all residents safety while smoking. November 16, 2023 Staff Development and or Director of Nursing (DON) will monitor smoke breaks daily for four-weeks, monthly for three- months and quarterly thereafter. On November 16, 2023 Admissions Coordinator and or Social Services will monitor all smokers to	

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M 640	Continued From page 8 An interview with Registered Nurse #1 on 11/14/23 at 1:50 PM, revealed they usually have two (2) staff members to supervise the smokers. She revealed that Resident # 45 had been caught smoking in his room a couple of times. An interview on 11/14/23 at 1:58 PM, with the Director of Nursing (DON) revealed that Resident #45 was safe with independent smoking when he was admitted to the facility, which meant he could smoke anytime in the designated area. She stated that he was caught with cigarette butts and a lighter in his room on 7/14/23 and was caught smoking in his bathroom on 8/14/23, despite receiving supervised smoke breaks. She revealed Resident #45 confirmed that he took the cigarette butts during the supervised smoke break and stole a lighter out of the box that held the smoking supplies when the staff member turned her head. An interview with the Director of Nursing (DON) on 11/15/23 at 9:20 AM, revealed the facility had 15 residents that required smoking supervision. She revealed that they have two (2) staff members that supervise the residents' smoke breaks and stated they have adequate supervision. The Survey Agent inquired how Resident #45 could have got cigarette butts and a lighter inside the facility if he was adequately supervised, and she replied, "He waits until they turn their heads and sneaks and takes it." She confirmed that she had not tried any other interventions. She denied trying any one-on-one measures or staff education. She acknowledged, without adequate supervision, the resident could still potentially sneak a lighter or cigarette butts during the smoking times.	M 640	include room audits to ensure rooms are free of smoking paraphernalia for once weekly for four-weeks, once monthly for three-months and quarterly thereafter. December 3, 2023, the Administrator or DON will report any concerns from the Plan of Correction to the Department Head Meetings weekly for four-weeks and then monthly for three-months, then quarterly until substantial compliance is achieved with F689. The Quality Assurance Committee will begin meeting on December 18,2023 monthly for three -months and quarterly until substantial compliance is achieved with F689. If any concerns are identified with the current corrective action plan the Quality Assurance Committee will meet immediately and revise the corrective action plan as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 640	Continued From page 9 An interview with Social Services on 11/15/23 at 4:20 PM, revealed that Resident #45 had been caught smoking in his room twice and he had been caught stealing used cigarette butts. An interview with the Administrator (ADM) on 11/15/23 at 4:35 PM, revealed they are a smoking facility and confirmed that Resident #45 was admitted to the facility as a smoker. She revealed they have adequate staff members outside with the resident to supervise during the smoking process. She revealed the facility had implemented increased monitoring during smoke breaks since Resident #45 was caught smoking in his room. She revealed that increased monitoring was defined as increased awareness by the staff since the smoking incident occurred. Record review of the Resident Incident Report for Resident # 45 dated 7/14/23 revealed, "Resident was found to be taking cigarette butts and lighter in his pocket-He stated that he was going to smoke in his bathroom until he was "caught". Resident is able to smoke independently at this time." Record review of the Resident Incident Report for Resident #45 dated 8/14/23 revealed, "Staff reports that residents room smelled of smoke. I went in and elder has been smoking in his bathroom. He had butts in his pocket. He stated he stole the lighter when the nurse had turned her head, he took the lighter. He also stated that he wanted to smoke independently so I smoked in my room." Record review of the Face Sheet revealed Resident # 45 was admitted to the facility on 2/26/20 with medical diagnosis that included Heart Failure, Bipolar Disorder, Major Depressive	M 640		

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M 640	Continued From page 10 Disorder, Chronic Obstructive Pulmonary Disease, and Anxiety Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/05/23 revealed under Section C, a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #45 was cognitively intact.	M 640		