STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WP	A. BUILDING: _____ B. WING _____	C 12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #23596, at the facility on 12/12/23. The SA investigated the Facility Reported Incident (FRI) related to a violation of resident rights. During the survey, the SA determined the facility was in compliance with the requirements of Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500, as Past Non-compliance (PNC).	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 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	M 500		12/27/23

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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, 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

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M 500	Continued From page 2	M 500		

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;

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

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M 500	Continued From page 3 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 Based on interviews, record review, facility investigation, and facility policy review, the facility failed to treat a resident with respect and dignity during care for one (1) of four (4) residents	M 500	Past Non-Compliance, No POC needed	

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reviewed. Resident #1

Findings include:

A review of the facility's policy, "Resident Rights," dated November 23, 2016, revealed, " ...This facility will make every effort to assist the resident in exercising his/her rights and to assure that the resident is always treated with respect, kindness, and dignity ..."

A review of the facility's policy "Vulnerable Adults' Prevention Policy," undated, revealed, " ...A Vulnerable Adult is a person 18 years or older who is unable to protect his own rights, interests, and/or vital concerns and who cannot seek help without assistance because of physical, mental, or emotional impairment ..."

Record review of the facility's investigation dated December 12, 2023, revealed at approximately 11:40 AM on 12/9/23, the facility Administrator was notified by the Director of Nursing that Certified Nursing Assistant (CNA) #1 was overheard by Resident #3's visitor and Resident #1's son that CNA #1 was overheard speaking to Resident #1 in an "abrasive tone and language." CNA #1 was heard telling Resident #1 "I don't care."

During a phone conversation on 12/12/23, at 11:48 AM with the son of Resident #1, he revealed as he was walking into Resident #1's room, he overheard a staff member speaking to his father in a loud and rough voice, telling him to "stop pushing back his leg".

On 12/12/23 at 2:30 PM, in an interview with the Administrator, she stated that CNA #1 had admitted that while performing care, she had told

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Resident #1 that she didn't care. The Administrator confirmed that CNA #1 was disrespectful to the resident, however, was not threatening. She confirmed the facility provided in-services regarding resident rights and abuse/neglect following the incident. They had an emergency Quality Assurance Performance Improvement (QAPI) meeting to discuss the event and what measures would be implemented.

On 12/12/23 at 2:45 PM, during an interview with the Director of Nurses (DON), she confirmed that CNA #1 was heard being disrespectful to Resident #1 by his son and a visitor. The DON stated it is not the policy of the facility to treat anyone in a disrespectful nature.

Record review of a handwritten statement, dated 12/9/23 and signed by CNA #1 revealed, "I went in to (Room # of Resident #1) to get him changed. I asked him to roll, he started fussing at me saying he don't care ...he just keep on with the fussing and keep saying he don't care so I said 'I don't care'."

On 12/12/23 at 4:15 PM, in an interview with CNA #1, she confirmed that while providing care for Resident #1, he told her he didn't care, and she responded by telling him she didn't care.

Record review of the "Admission Record" revealed the facility admitted Resident #1 on 12/7/23, with diagnoses that included Cerebral Infarction and Hemiplegia, affecting his right dominant side.

Record review of the "BIMS (Brief Interview for Mental Status) MDS (Minimum Data Set) 3.0" dated 12/8/23 revealed Resident #1's BIMS summary score was 9, indicating Resident #1 had

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M 500	Continued From page 6 moderate cognitive impairment. Record review of the personnel file for CNA #1 revealed she had received training on the Vulnerable Adults Act and Resident's Rights and signed an acknowledgment on 5/15/23. Based on the facility's implementation of corrective actions on 12/9/23, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC), and the deficiency was corrected as of 12/10/23, before the SA's entrance on 12/12/23. Validation: On 12/12/23, the SA validated through staff interviews, record review, and facility policy review the facility began an immediate investigation when the incident occurred. A review of the emergency QAPI meeting minutes revealed the facility held a QAPI meeting on 12/9/23 at 1:30 PM. The SA verified through an interview with the DON that the facility policies related to resident rights were reviewed and no changes were needed. The QAPI meeting concluded that the Plan of Correction was to in-service all staff, suspend the employee, and interview all residents with Brief Interview of Mental Status (BIMS) over 12 to determine if any other residents experienced any violation of their resident rights. The SA reviewed in-service sign-in sheets that began on 12/9/23, related to resident rights and abuse/neglect. The Administrator and DON conducted in-services in which they had every employee review and sign the policies on resident rights and abuse/neglect.	M 500		

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M 500	Continued From page 7 The SA verified through record review the facility reported resident abuse to the SA and the Attorney General Office (AGO) on 12/9/23.	M 500		