STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255227	A. BUILDING _____ B. WING _____	C 02/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA REHABILITATION AND HEALTHCARE CENTER	1506 NORTH MAIN STREET COLUMBIA, MS 39429

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F 000	INITIAL COMMENTS The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #23720, MS #23696 and MS #24039), at the facility from 2/05/24 through 2/06/24. CI MS #23720 and CI MS #23696 was investigated related to Sexual Abuse. CI MS #24039 was investigated related to Resident Assessment/Monitoring. During the survey, the SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid. Based on the facility's implementation of corrective actions completed by 12/20/23, the SA determined the deficiency related to CI MS #23720 and CI MS #23696 to be Past Non-Compliance (PNC) and F600 was cited. The deficiency was corrected as of 12/21/23, prior to the SA's entrance on 2/5/24. There were no citations related to CI MS #24039. The facility held a license for 90 beds, with a census of 90 residents.	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or	F 600		

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

Electronically Signed | 02/23/2024

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F 600	Continued From page 1 involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility investigation, and policy review the facility failed to ensure a resident was protected from sexual harassment/sexual abuse for one (1) of four (4) residents sampled. Resident #1 Findings include: A review of the facility's policy, "Abuse Prohibition Policy," revised 11/7/2023, revealed, INTENT:...Each resident has the right to be free from abuse, mistreatment ... DEFINITIONS: Sexual abuse includes, but is not limited to rape, sexual harassment, sexual coercion or sexual assault ... Identification: 1. Any allegations of abuse/neglect, made by residents/staff/visitors shall be reported to the Abuse Coordinator and investigated immediately ...Investigation: 1. The facility will thoroughly investigate all alleged violations and take appropriate actions ..." Record review of the Facility Investigation with an initiation date of 11/26/23 revealed that on 11/26/23, Certified Nurse Aide (CNA) #2 reported that CNA #1 had made unwanted, inappropriate sexually, explicit suggestions toward her. The facility had initiated an investigation that included reports that CNA #1 had been asking female CNAs for their telephone numbers. The Disciplinary Action Record dated 11/26/23, signed by CNA #1 revealed a written counseling was provided by the Administrator, Director of Nurses (DON) and Assistant Director of Nurses (ADON). As part of the investigation related to the actions of CNA #1, the ADON conducted "Life Satisfaction Rounds" on 12/19/23 and interviewed	F 600	Past noncompliance: no plan of correction required.	

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F 600	Continued From page 2	F 600		

residents with a Brief Interview for Mental Status (BIMS) score of 13 or higher that received care from CNA #1. The interviews revealed that Resident #1 reported having received inappropriate comments and text messages from CNA #1. A written statement from Resident #1, signed on 12/19/2023, revealed that the resident felt like she had been sexually harassed.

Record review of the "Grievance" report, signed and dated 12/19/23, by the Social Services Director (SSD) revealed Resident #1 initiated a grievance of sexual harassment by CNA #1... 4. Describe the grievance: Resident shows ADON a series of sexually explicit messages received from CNA #1 and reported feeling sexually harassed ... 8. A summary of the pertinent findings and conclusions: CNA #1 already on leave pending investigation of sexual harassment of a CNA ... 10.What corrective action will be taken to prevent recurrence: Assisted Resident (#1) to block his (CNA #1) number of CNA #1 ..."

On 2/05/24 at 12:55 PM, an interview with the SSD revealed that she was made aware of the allegation of sexual abuse of Resident #1 by the ADON on 12/19/23 who presented the resident's personal cellular telephone and showed her messages that CNA #1 had sent to Resident #1. The SSD stated that she interviewed Resident #1 as quickly as possible on 12/19/23 and followed up on 12/20/23. She stated that the resident was without physical, emotional, or psychosocial harm. The SSD stated that Resident stated she was not "bothered" by the text messages but wanted CNA #1 to stop messaging her.

Record review of the printouts of Facebook Messages provided by Resident #1, from her cell

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F 600	Continued From page 3	F 600		

phone, revealed sexually explicit messages were received from a telephone number provided by CNA #1 as his own.

On 2/05/24 at 4:05 PM, during an interview the Administrator, he confirmed that CNA #1 had been placed on suspension during an investigation involving sexual harassment of CNA #2. He stated that the last day CNA #1 worked at the facility was 12/13/23. As part of the investigation, on 12/19/23, the facility conducted "Life Satisfaction Interviews" with residents that CNA #1 had assisted with their care and during the interviews, Resident #1 reported feeling sexually harassed and had provided sexually explicit messaged received on Facebook Messenger from CNA #1. The Administrator reported that CNA #1 was terminated due to 'Misconduct' on 12/21/24.

On 2/05/24 at 4:20 PM, during an interview with the ADON, she confirmed that on 12/19/23, Resident #1 had reported that CNA #1 had sent inappropriate sexually explicit messages to her that made her feel that she was being sexually harassed. The ADON reported that Resident #1 gave facility administration access to her personal cell phone and the messages were printed. The ADON confirmed that the photograph that accompanied the Facebook Messages received by Resident #1 was that of CNA #1.

On 2/06/24 at 7:53 AM, during a telephone interview the Detective at the local police department (PD), he confirmed that the facility reported an allegation of Resident Abuse of a Vulnerable Adult alleged against CNA #1 by Resident #1. The Detective reported that he had investigated and felt he had enough evidence to

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F 600	Continued From page 4	F 600		

substantiate the allegation of sexual harassment of a vulnerable adult as defined by the Vulnerable Adult Act. He stated that he had presented his evidence to the local District Attorney and charges were being considered. He said that he considered CNA #1 sexually abusive and stated that he did not believe that CNA #1 should be working with vulnerable adults.

In a post survey telephone interview on 2/07/24 at 2:52 PM, during a telephone interview, CNA #1 stated he was familiar with Resident #1 and stated that he had sent messages to Resident #1 but denied that they were inappropriate and said he couldn't recall when he sent them. CNA #1 confirmed that the telephone number on the Facebook messages received by Resident #1 had been his telephone number but said he no longer had that number.

In a post survey telephone interview on 2/07/24 at 4:48 PM, during a telephone interview with Resident #1, she reported that sexually harassing messages came to her cell phone via Facebook Messager in December of 2023, while she was a resident at the facility. She stated she had not immediately reported the messages because she had not wanted to get CNA #1 in trouble, but when the ADON interviewed her on 12/19/23 she told the ADON and showed the ADON the messages. She stated that she recognized the photograph that accompanied the messages as CNA #1 and said, "I knew it was him". She said she thought it was wrong of CNA #1 to offer her a place to live in exchange for sexual favors. Resident #1 stated she felt sexually harassed by CNA #1. She stated that she was "OK" and said she had not experienced any negative effects related to the incident.

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F 600	Continued From page 5	F 600		

Record review of the Admission Record for Resident #1 revealed that she was admitted by the facility on 11/01/23, and had diagnoses that included Cardiogenic Shock, Presence of Automatic (Implantable) Cardiac Defibrillator, and Unspecified Systolic (Congestive) Heart Failure.

Record review of the Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/08/23 for Resident #1 revealed the resident had a Brief interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.

Based on the facility's implementation of corrective actions completed by 12/20/23, the State Agency (SAA) determined the deficiency to be Past Non-compliance (PNC) and the deficiency was corrected as on 12/21/23, prior to the SA's entrance on 2/5/24.

Validation:

On 2/6/23, the SA validated through staff interviews, record review and facility policy review, the facility began an immediate investigation when the suspicion of sexual harassment involving CNA #1 was reported by CNA #2 on 11/26/23. Investigation included interviews of residents with a BIMS of 13 or higher that received care from CNA #1. The discovery of sexual misconduct of CNA #1, involving Resident #1, lead to the termination of CNA #1.

The SA validated through record review of the "Quality Assurance Meeting Attendance and Agenda," dated 12/19/23 that the meeting was

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F 600	Continued From page 6	F 600		

attended by the Medical Director and Infection Preventionist (who was also the ADON), the Administrator, DON, and the rest of the facility Interdisciplinary Team (IDT) and that the Grievance/Report of Sexual Harassment by Resident #1 was reviewed at the meeting and a the committee members developed a plan to immediately address the incident to prevent it from reoccurring.

The SA validated through record review of Transmission Logs dated 12/19/23 and 12/21/23, printouts of E-Mails, and interviews with the Detective and the Administrator that the facility reported allegations and investigation results to all appropriate agencies and authorities.

The SA validated through record review that in-services began on 12/19/23, in which the Staff Development Coordinator (SDC) had provided training to all facility staff titled "Abuse/Neglect - Vulnerable Adult Exploitation Resident Rights".

The SA validated through record review that the Care Plan for Resident #1, dated 12/19/23 that the SSD updated the resident's Care Plan related to "The resident has potential for a psychosocial well-being problem related to alleging sexual harassment from an employee".

The SA validated through record review of the Nurse Practitioner (NP) Progress Note, that Resident #1was assessed and no physical or mental distress was noted.

The SA validated through record review of the Weekly Body Skin Check for Resident #1 that Resident #1 was assessed by facility nursing staff with no adverse findings.

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F 600	Continued From page 7 The SA validated through record review of the 'NURSING FACILITY PSYCHIATRIC FOLLOW UP NOTE' for Resident #1 dated 12/19/23, revealed that Resident #1 was assessed by the Psychiatric Nurse Practitioner (PNP) with no untoward results related to her grievance of sexual harassment.	F 600		