STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 000	INITIAL COMMENTS On 03/25/24 the State Agency (SA) conducted two (2) Complaint Investigations (CI MS #24137 and CI MS #24520). CI MS #24137 was investigated for infection control and CI MS #24520 was investigated for alleged abuse of a resident. The SA determined that the facility was in compliance with the requirements for participation in Medicare and Medicaid for CI MS #24137 and no deficiencies were cited. The SA did determine that the facility was not in compliance with the requirements for participation in Medicare and Medicaid for CI MS #24520 and cited F600. The facility was licensed for 145 beds and the resident census was 118 at the time of survey.	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 involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review,	F 600	1. How corrective actions will be	5/3/24

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

Electronically Signed | 04/11/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 600	Continued From page 1 and policy review, the facility failed to prevent verbal abuse to Resident #1 for one (1) of three (3) residents reviewed for abuse/neglect. Findings Include: The facility policy titled "Abuse, Neglect, and Exploitation" dated approved 03/04/2025 read: "Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Residents must not be subject to abuse by anyone, including, but not limited to, facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends, or other individuals." Interview on 03/25/24 at 12:20 PM with the facility Administrator revealed that Hospital Dietary Employee #1 and Resident #1 "had words" in the dining area a few weeks ago when the resident had returned to the facility from being out on a pass. He stated the resident was requesting food in the dining room area of the facility when this incident occurred. The Administrator confirmed that on 03/08/24 when the verbal altercation between Dietary Employee #1 and Resident #1 occurred, Hospital Dietary Employee #1 was given a "written warning" at that time due to poor customer service. Record review of the Disciplinary Warning Notice #1, dated 3/8/24, issued to Dietary Employee #1 read: "Date of Incident 3/8/24 Time of Incident 10:00 AM Shift AM Action Taken: Written Warning. Report of Incident: Dietary Manager and Administrator had a meeting with (Dietary	F 600	accomplished for those residents found to have been affected by the deficient practice: On 03/25/2024 Resident #1 care plan was updated to include resident having a Brief Interview of Mental Status (BIMS) score of 15 which means resident #1 has no cognitive impairments and signs himself out on pass. Resident was instructed to keep cell phone charged and to call nursing home or 911 if he felt threatened in any way while outside the facility, and was updated to reflect that resident can safely cross the street. On 03/26/2024 Hospital Dietary Employee #1 was suspended pending investigation for allegation of abuse. On 03/26/2024 All codes for entrance/exit doors to Nursing Home were changed to better ensure resident safety. On 03/26/2024 a Grievance/complaint was entered into the electronic tracking system. On 03/26/2024 Social Services called Local Police Department while in presence of Resident #1 and Police Department told Resident #1 that he would have to come in person to file report. On 03/27/2024 Resident #1 was transported to Local Police Department to report incident. Nurse accompanied Resident #1 to Police Station by facility van driven by activity staff member. On 03/27/2024 Administrator and Social Services Director interviewed Resident #1. Resident #1 Stated that he had no other issues during his stay and that he	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 600	Continued From page 2 Employee #1) to discuss her actions involving a resident. "We discussed why they were wrong. How to not let it happen again. And the outcome if this type of behavior continues." The Disciplinary Warning Notice revealed Dietary Employee #1 received a verbal warning on 9/13/23. The document was signed by the (Dietary Manager) and dated 3/8/24. Record review of the Disciplinary Warning Notice #2 , dated 3/22/24, issued to (Dietary Employee #1) read: "Date of Incident: 3/1/24-3/2/24 Time of Incident: Day Shift: AM Report of Incident: HIPPA violation 3 Day suspension and also admitted to telling Boyfriend about a resident. Will reassign HIPPA Inservice's when employee returns to work on Monday March 25th. Supervisor's recommendation to employee: 3-day suspension starting 3/22/24. Return to work on 3/25/24." Signed by the dietary manager and the employee on 3/22/24. Interview and observation on 03/25/24 at 12:45 PM with Resident #1 revealed he stated since he had been admitted to the facility, approximately four (4) weeks prior, that a female dietary worker had given him a hard time about his food choices and food requests. Resident #1 stated that almost daily he would go to the dietary department and either ask for more food or ask for something different to eat. When this dietary worker, Hospital Dietary Employee #1, was present, she would "smart off" at him or tell him that he should eat what was served. Resident #1 stated that he and Hospital Dietary Employee #1 would exchange words almost daily and that she would get loud with him arguing and fussing and he got loud back at her. Resident #1 stated that he went to the facility Administrator and the facility	F 600	did not view the arguing with dietary worker #1 as abuse. Administrator asked Resident #1 if he felt safe staying in facility. Resident #1 stated that he had told the lady from the State that he felt safer here and slept better here than he had since he was a kid and wanted to remain in facility. On 03/29/2024 Hospital Dietary Employee #1 was terminated related to the interpretation that she verbally abused Resident #1. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. The facility acknowledges that all residents that go to the Hospital employee cafeteria have the potential to be affected by the same deficient practice. On 04/09/2024 the 3 remaining residents who go to the Hospital employee cafeteria were interviewed and all denied any problems. 3. What measures will be put in place or systemic changes made to ensure practice will not recur? On 03/25/2024-4/11/2024 abuse/neglect and resident rights in-services were given to all nursing home staff and to the hospital dietary staff. In-services included the facility policy on abuse and neglect which includes reporting time frames and removing residents from the abusive situation immediately. In-services were given by Director of Nursing and Assistant	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 600	Continued From page 3 nurses and told them that he was getting into arguments with the dietary worker (Hospital Dietary Employee #1) about his food requests and that she was rude and verbally loud toward him. Resident #1 stated that the dietary worker would begin the arguments with him and that they both would cuss at each other. Resident #1 also stated that the administrator and the dietary worker had a meeting on 03/8/24 with him and Hospital Dietary Employee #1. During the meeting Hospital Dietary Employee #1 was told to give Resident #1 double portions at each meal to attempt to satisfy his hunger. Resident #1 stated that he thought the matter would be resolved after the dietary worker was told to give him double portions. Resident #1 stated that on 03/9/24, he signed himself out, as he always had, to go to the store across the street from the facility. While at the store, Resident #1 was approached by an unknown male and the male told him that he was the "boyfriend" of the dietary worker and that he would "beat his ass" in the ground if he ever talked to his girlfriend mean again. Resident #1 stated that the Hospital Dietary Employee #1 continued to work at the facility in the dietary department. Resident #1 stated that he had not seen her at the facility for a few days until the morning of 03/25/24 where she was working in the dietary department. Interview on 03/25/24 at 1:45 PM with the Assistant Director of Nursing (ADON) revealed that from her understanding, Certified Nursing Assistant (CNA) #1 was with Resident #1 when the verbal altercation between him and the dietary worker occurred. Interview on 03/25/24 at 2:00 PM with the CNA #1 revealed that she had been asked by Resident #1	F 600	Director of Nursing. Any employee not working during this time will be in-serviced on their return to work. On 03/25/2024 Resident #1 care plan was updated to include resident having a Brief Interview of Mental Status (BIMS) score of 15 which means resident #1 has no cognitive impairments and signs himself out on pass. Resident was instructed to keep cell phone charged and to call nursing home or 911 if he felt threatened in any way while outside the facility, and was updated to reflect that resident can safely cross the street. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program. Beginning 04/11/2024 Social Services Director will monitor grievance log for any grievance that could possibly be abuse or neglect 3 times a week for 2 weeks, then 2 times a week for 2 weeks then weekly for 3 months. Social Services Coordinator will monitor in her absence. Monitor results will be presented to the Quality Assurance/Performance Improvement (QAPI) Committee at the meeting scheduled for 05/03/2024 and at subsequent QAPI meetings for 3 months. QAPI committee will then determine need for further monitoring. Beginning 4/09/2024 Director of Nursing will interview residents who go to the hospital employee cafeteria for abuse 2	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 600	Continued From page 4 for some more food and she had advised him to go to the dietary department and ask for whatever he wanted. He told CNA #1 that there was a female in the dietary department that gave him a hard time and talked badly to him when he asked for food. CNA #1 stated that she told Resident #1 that she would push him down to the dietary department in his wheelchair and that she would be with him, and she would do the talking and ask for whatever he wanted. CNA #1 stated that Resident #1 sat quietly in his wheelchair, and she asked the dietary worker #1 for the food for Resident #1. The dietary worker #1 loudly and offensively began talking about the resident as if he was not sitting there. The dietary worker stated that Resident #1 needed to eat the food that was sent to his room and stop coming down asking for food. The dietary worker stated that she was tired of Resident #1 asking for more food and that he didn't need to be in the nursing home. CNA #1 stated that the arguing and fussing between the female dietary worker and Resident #1 was bad and loud. CNA #1 stated that she reported the incident to the Director of Nursing (DON) and then later that afternoon the DON. CNA #1 failed to remove Resident #1 from the situation before the altercation escalated. Interview on 03/25/24 at 2:45 PM with the Administrator revealed that he had talked to CNA #1, but she had never told him or the DON the details or content of the argument between Resident #1 and Dietary Worker #1. The Administrator stated that he did not obtain any written statements from anyone and that he had not determined the incident to be verbal abuse, but that it was "poor customer service." The Administrator did confirm Dietary Employee #1 had been suspended for 3 days for telling her	F 600	times a week for 3 weeks then weekly for 3 months. Assistant Director of Nursing will monitor in her absence. Monitor results will be presented to the Quality Assurance/Performance Improvement (QAPI) Committee at the meeting scheduled for 05/03/2024 and at subsequent QAPI meetings for 3 months. QAPI committee will then determine need for further monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 600	Continued From page 5	F 600		

boyfriend who the resident was and what he looked like that led to the resident being threatened while the resident was out on pass at a convenience store next door to the facility. The Administrator confirmed that Dietary Employee #1 returned to work on 3/25/24 after 3-day suspension.

Interview on 03/25/24 at 4:30 PM with the Ombudsman revealed that she had gone to the facility on 03/13/24 for a regular visit with residents when Resident #1 had told her about the incident at the facility after he had been approached at the store across the street by the boyfriend of a facility dietary worker and that she was still working at the facility. The Ombudsman confirmed that when she was visiting the facility on 3/13/24 that the dietary worker was working at the facility and had not been suspended or terminated.

Interview on 03/26/24 at 3:00 PM with the Director of Nurses (DON) revealed that she had talked to the CNA #1, and originally CNA #1 had not told her the full details of the incident between Resident #1 and the Dietary Worker #1. The DON stated that she talked to CNA #1 again today and that she gave the details more clearly of what had happened between Resident #1 and the Hospital Dietary Employee #1 on 03/08/24. The DON stated that when they interviewed the second dietary worker, she denied hearing the Hospital Dietary Employee #1 threaten Resident #1. The DON stated that she now understood that the facility is responsible for residents' safety when they are out alone on pass and that no employees, including hospital employees, should be allowed to talk to residents in a harsh manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	**1001 HOLLAND AVENUE PHILADELPHIA, MS 39350**

(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 600	Continued From page 6 Record review of the face sheet for Resident #1 revealed that he had been admitted to the facility on 02/27/24 and revealed a Brief Interview of Mental Status (BIMS) score of 15 from the Minimum Data Set (MDS) dated 03/06/24 which documented that Resident #1 had no cognitive impairments.	F 600		