STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A174	A. BUILDING _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YALOBUSHA COUNTY NURSING HOME	630 SOUTH MAIN STREET WATER VALLEY, MS 38965

(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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §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 observation, staff and resident interviews, record review, and facility policy review, the facility failed to report an allegation of abuse for one (1) of three (3) incidents reviewed. Resident #6	F 609	"The Director of Nursing immediately reported the allegation of abuse to the Department of Licensure and Certification on March 4, 2024. "All residents that could report allegations of abuse have the potential to be affected. "On March 13, 2024, no other allegations	4/18/24

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

Electronically Signed | 03/21/2024

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F 609	Continued From page 1 Findings include: Record review of facility policy titled, "Abuse Policy and Procedure," revised date 8/18/2017, revealed, "Policy: To ensure all employees interviewed and/or hired are adequately trained in all areas of abuse, not found guilty of abuse, and if occurrence suspected, the facility handles it according to the law and/or license requirements." During a phone interview on 3/1/2024 at 2:30 PM, the State Long Term Care (LTC) Ombudsman revealed that during a Resident Council meeting on 2/26/24, Resident #6 voiced concern about physical abuse. She revealed after the Resident Council meeting, she met with the Director of Nurses (DON) and informed her of the allegation and the need to report it to the State. An interview with the DON on 03/04/24 at 04:30 PM, revealed she was made aware of the allegation of abuse on 2/26/24 after the Resident Council meeting by the Ombudsman and the Social Workers. The DON confirmed the allegation of abuse was not submitted to the State Agency because after their investigation it was found to be unsubstantiated, and she thought if they investigated the allegation and were unable to substantiate it then they did not have to report it to the State Agency. An interview on 03/04/24 at 04:48 PM, the Administrator revealed she was made aware of the allegation by the DON on 2/26/24 immediately after the Resident Council meeting and began at that time a full investigation. She stated, "It was my fault that it didn't get sent to the State Agency. I thought if after our investigation we found it to	F 609	of abuse were reported or discovered during the audit of all Incident and Accident Logs. The facility policy on Abuse and Neglect was updated to reflect appropriate reporting time frames on March 11, 2024. The facility presented this policy to the Quality Assurance Team and Medical Director for approval on March 11,2024. All staff were in serviced on Abuse and Neglect policy and reporting allegations by the educational nurse on March 13, 2024, and were reviewed by the Director of Nursing and Administrator on March 14,2024. "The Director of Nursing and Administrator shall document all allegations of abuse and report to the appropriate agencies within the correct time frame. The Director of Nursing shall audit Incident logs and grievances weekly for eight weeks starting March 13, 2024. The Director of Nursing shall present reported events in the Quality Assurance Meeting on April 10, 2024, monthly for two months, then quarterly and as needed.	

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F 609	Continued From page 2	F 609		

be unsubstantiated we were not required to report it to the State Agency, and if we found it to be substantiated, we would have twenty-four hours to report it."

An interview on 03/05/24 at 11:05 AM, Social Worker (SW) #1 revealed she was made aware of the allegation of abuse on 2/26/24 during the Resident Council meeting. She revealed the Ombudsman was present along with Social Worker #2 and immediately after the Resident Council meeting, she along with SW #2 and the Ombudsman went to the DON's office and reported it. She revealed the Ombudsman told the DON that we would need to investigate the allegation and report it to the State Agency

An interview on 03/05/24 at 01:20 PM, the Registered Nurse Supervisor revealed when he got to work on Monday morning 2/26/24, Resident #6 told him that one of the night shift Certified Nursing Assistants (CNAs) had slapped her that morning. He revealed he started an investigation of the allegation and during the investigation, Resident #6 recanted her story. He confirmed he didn't report the allegation to anyone else because he got busy that morning.

A record review of Resident #6's Face Sheet revealed the resident was admitted to the facility on 4/11/17 with diagnoses that included Paraplegia, Anxiety Disorder, Schizoaffective disorder, Bipolar type and Chronic pain syndrome.

A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/27/2024 revealed a Brief Interview for Mental Status (BIMS) score of 12 which indicated

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F 609	Continued From page 3 Resident #10 was moderately cognitively impaired.	F 609		