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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 5/28/24 through 5/30/24 along with a complaint investigation (CI) MS #25191. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm at M610, M705, and M1570. The SA found the facility to be in compliance with CI MS #25191 and cited M500 at Past Non-compliance for residents rights involving misappropriation of a residents property. The census at the time of the survey was 58 and the facility is licensed for 60 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		6/12/24

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M 500	Continued From page 1 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,	M 500		

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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	Related to past non compliance	

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Based on staff interview, record review, and facility policy review, the facility failed to ensure that a resident's personal property was safeguarded, and that staff did not misappropriate property for one (1) of 56 residents residing in the facility. Resident #23.

Based on actions taken by the facility on 5/23/24, this was determined to be Past Non-Compliance.

Findings include:

Review of the facility policy titled "Abuse, Neglect, and Exploitation" with a revision date of 3/15/204 revealed under, "Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property..."

Record review of the internal investigation conducted by the Administrator (ADM) dated 5/22/2024 for Resident #23 revealed, "On May 21, 2024, at 3:30 PM, Director of Nursing (DON) reported to me that she suspected Certified Nurse Assistant (CNA) #1, had taken a bottle of lotion from an elder (Resident). The DON reported that today around 2:55 PM, CNA #1 was in her office. She was speaking with her, and "proper name of employee" and picked up a pair of jogging pants out of a bag in the office to show them something. The DON happened to notice a bottle of lotion in the bag that was the same kind she had purchased and put into a gift basket for two of our elders for their birthday on Sunday. The DON went on to say that CNA #1 made the

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M 500	Continued From page 5	M 500		

comment that the bag was hers ... At this time, CNA #1 picked up the bag and exited the building towards the parking lot. The DON reported that she then went to the rooms of the elder that she had made birthday baskets for on Sunday and noticed that she did not see the lotion in the basket she had given Elder #23 ... Upon review of camera footage, CNA #1 was seen at 2:40 PM exiting Elder #23's room and placing the bottle of lotion into the right leg scrub pocket of her scrubs. This is a large bottle of lotion, and the top portion of the bottle can be seen in the pocket as CNA #1 walks up the hall and enters the DON's office at 2:41 PM. Abuse by means of misappropriation can be substantiated related to this incident..."

An observation of Resident #23 on 5/28/2024 at 10:26 AM, revealed she was alert to name only.

An interview with Resident #23's daughter on 5/28/2024 at 2:32 PM, revealed her mother was not cognizant and would not be aware of any missing personal items. She explained that the facility called and notified her sister about the missing bottle of lotion after it happened. She revealed they did not buy the lotion; it came in a gift basket the facility provided for her mother's birthday. The daughter stated both she and her sister came to the facility and looked through her mother's personal items, but were unable to find the lotion.

On 5/29/2024 at 2:20 PM, review of the camera footage captured on 5/21/2024 at 2:38 PM revealed, CNA #1 entered Resident #23's room with no lotion visible in her pant pockets and later exits the room while placing a white bottle into her right scrub pant pocket. She was then seen walking down the hallway with the upper portion

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M 500	Continued From page 6	M 500		

of the white bottle visible in her right pocket, and entered an office.

An interview with the DON on 5/29/2024 at 2:40 PM, revealed CNA #1 had a bag in her office the day of the incident because she had bought her a jogging suit. The DON explained that she observed a bottle of lotion in CNA #1's bag that looked identical to the bottle that she had purchased and given out to Elder #23 in a gift basket over the weekend. She revealed after CNA #1 picked up the bag and left for the day, she went down to Elder #23's room and was unable to locate the lotion in the gift basket. She revealed she spoke with the Administrator (ADM) and notified her. The DON explained that they reviewed the camera footage, which confirmed that CNA #1 went into the resident's room and came out with the lotion bottle and placed it in her pocket. She revealed they called and notified CNA #1 that she was suspended pending the investigation. The DON revealed CNA #1 denied the allegation and revealed that she had brought the lotion to work with her to use on the Elders.

An interview with the ADM on 5/29/2024 at 3:26 PM, confirmed through investigation of the camera footage and witness statements the misappropriation of Resident #23's property was substantiated and CNA #1 was terminated.

A telephone interview with CNA #1 on 5/30/2024 at 10:32 AM, revealed she was called by the ADM and told that she was caught on a camera recording taking some lotion out of Resident #23's room. She revealed that she did not take the lotion and explained that she brought her lotion to work to use because she had sensitive skin. CNA #1 stated she kept her lotion in her pocket all day, which was what the camera

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M 500	Continued From page 7 caught. The SA validated through record review that an in-service was conducted on Abuse/Neglect on 5/21/24 with all staff with sign in sheets. The SA validated through interview with the Administrator and record review of the facility investigation that an investigation was conducted, CNA #1 was suspended and terminated on 5/23/24. The SA determined this to be Past Non-Compliance. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/13/2024 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 6, which indicated that Resident #23 is severely cognitively impaired. Record review of the "Admission Record" revealed the facility admitted Resident #23 on 6/21/2022 with a medical diagnosis of unspecified dementia.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting.	M 610		6/19/24

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M 610	Continued From page 8 This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to provide assistance with activities of daily living (ADLs) for a resident dependent on staff for shaving for one (1) of sixteen sampled residents. Resident #17 Findings Include: Record review of the facility policy titled "Grooming a Resident's Facial Hair" undated, revealed under, "Policy: It is the practice of this facility to assist residents with grooming facial hair to meet their preference." An observation of Resident #17, on 5/28/2024 at 11:06 AM, revealed he was sitting in a wheelchair in the day room. Gray facial hair observed on the sides of his face and above his lip, measuring approximately one-fourth (1/4) inch in length. An interview with Certified Nurse Aide (CNA) #2 on 5/29/2024 at 10:50 AM, revealed Resident #17 gets a shower on Tuesday, Thursday, and Saturday during the 3-11 shift. She confirmed the resident was unshaven, and reveled the resident should have been shaved yesterday, which would have been his scheduled shower day. An interview with Resident #17 on 5/29/2024 at 1:38 PM, revealed he preferred to be clean-shaven and voiced that he wanted to be shaved every other day. An observation and interview with the Director of	M 610	1. Resident # 17 was interviewed by Minimum Data Set Coordinator # 2 on 5/29/2024 to determine his preference for shaving. On 5/29/2024, Resident # 17 was shaven, according to his preference, by Certified Nursing Assistant (CNA) # 1 at the request of the Director of Nursing (DON). Resident # 17's care plan was updated to reflect his desire to be shaven daily on 5/30/2024. A task with instructions for shaving resident # 17 was added to Point of Care for documenting shaving on the schedule that reflected Resident # 17's preference. 2. The Interdisciplinary Team (IDT) determined that all male residents were at risk for the deficient practice. 3. An audit of all male elders was completed by the Director of Nursing (DON) for facial hair on 5/29/2024. All male residents were interviewed by the Minimum Data Set Coordinator # 2 on 5/30/2024 to determine their shaving preference. Care plans were updated, and a task was added to each resident's Point of Care, according to their preference, for instructions and for documentation of shaving assistance to be provided. Beginning on 6/10/2024, all shaving preference will be asked on admission and residents that are dependent on assistance with shaving will have a task added, by the MDS coordinator(s), instructing staff on when to assist resident with shaving according to their preference. 4. Beginning on 5/30/2024, DON, Medical Records Licensed Practical Nurse (LPN) or Quality Assurance (QA) nurse will audit	

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M 610	Continued From page 9 Nursing (DON) on 5/29/2024 at 1:44 PM, confirmed Resident #17 had long facial hair. She revealed her expectation was for the aides to shave the male residents on their shower days. Record review of the "Admission Record" revealed the facility admitted Resident #17 on 11/14/2023 with a medical diagnosis of unspecified dementia.	M 610	all male residents three times a week for four weeks then once a week for two months. Observation results will be reviewed by the Quality Assurance and Performance Improvement Plan Committee on 6/19/2024 and thereafter, for at least 3 months, until consistent substantial compliance has been achieved as determined by the committee.	
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, interview and facility policy review, the facility failed to safely store narcotics in the medication room refrigerator for one (1) of two (2) medication rooms in the facility. (100 hall medication room) Findings include: Review of the facility policy titled, "Controlled Substance Administration and Accountability",	M 705	1. Refrigerated narcotics were immediately counted and secured. Maintenance was contacted and a lock box was affixed to the refrigerator in the north hall medication room. This was completed on 5/30/24. 2. Any elders receiving refrigerated schedule II or above narcotics have the potential to be affected by the deficient practice. 3. Lock box was affixed to medication room refrigerator for all schedule II or above narcotics requiring refrigeration to	6/19/24

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M 705	Continued From page 10 with an implementation dated of 10/2022, revealed it is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure. An observation of the 100-hall medication room on 05/29/24 at 4:20 PM, with Licensed Practical Nurse (LPN) #1 revealed one vial of Ativan two (2) milligrams/one (1) milliliter in a clear plastic box in the refrigerator. The Ativan was not in a compartment secured to the refrigerator. This was confirmed by LPN #1. An observation and interview, on 05/30/24 at 9:10 AM, with the Director of Nursing (DON) confirmed the injectable Ativan was not in a separately locked permanently affixed compartment in the refrigerator. She stated that she understands that the box could easily be removed from the refrigerator. She stated she could see how it could get mixed up in all the things in the refrigerator and not be noticed if it was missing. A telephone interview, on 5/30/24 at 10:00 AM, with the Pharmacy Consultant revealed that they had discussed this in the past and he thought they had put what needed to be done in place.	M 705	be stored. All licensed nursing staff that handle narcotics will be educated by 6/14/24 on affixed compartment storage and handling of controlled substances by Director of Nursing (DON) 4. Beginning on 5/30/2024, (DON), Administrator or Quality Assurance (QA) Nurse will audit medication room refrigerator and ensure Schedule II narcotics requiring refrigeration are stored appropriately in affixed lock box in refrigerator weekly 4 weeks then once a week times 2 months. Observation audits will be brought to the Quality Assurance and Performance improvement plan Committee (QAPI) meeting on 6/19/24 and thereafter, for at least 3 months, until consistent substantial compliance has been achieved as determined by the committee.	
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel	M1570		6/19/24

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M1570	Continued From page 11 by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to store a respiratory suctioning device in a manner that prevented the possibility of the spread of infection for one (1) of two (2) residents with suction devices. Resident #23 Findings Include: Review of the facility policy titled "Infection Prevention and Control Program" undated, revealed under, "Policy: This facility has established and maintains an infection prevention and control program designed to provide safe, sanitary, and comfortable environment and to	M1570	1. On 5/29/24 the unbagged yanker suction tool was disposed of. A new yanker suction tool was bagged and attached to suction machine and suction machine was removed from the floor. 2. All elders with an order for suction have the potential to be affected by this deficient practice. 3. Order review was done to determine any other elders requiring the use of suctioning equipment was completed by the Director of Nursing (DON). On 6/3/2024 all suction machines were placed in sealable plastic bins. All licensed nursing staff will be educated, by the Quality Assurance Nurse on storage of respiratory equipment when it is not in use by 6/14/2024.	

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TRINITY HEALTHCARE CENTER	230 AIRLINE ROAD COLUMBUS, MS 39702

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M1570	Continued From page 12 help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines." An observation of Resident #23 on 5/28/2024 at 10:26 AM and 2:29 PM, revealed a suction machine with the attached tubing was placed on the floor beside the resident's bed, with an unbagged yankauer suction tool lying on the floor. Record review of the "Order Summary Report" for Resident #23 revealed an order dated 1/27/2024, "Bedside suction with yankauer as needed for increased secretions." An interview with Licensed Practical Nurse (LPN) #1 on 5/29/2024 at 10:24 AM, confirmed the suction device being on the floor and unbagged was an infection control concern and the suction device must be replaced with a new one. She revealed when respiratory equipment was not in use, it should be bagged to keep the device clean and prevent the spread of infection. An interview with the Director of Nursing (DON) on 5/29/2024 at 10:31 AM, revealed the purpose of keeping respiratory equipment in a bag when not in use was to keep the items clean to prevent the spread of infection. Record review of the "Admission Record" revealed the facility admitted Resident #23 on 6/21/2022 with a medical diagnosis of unspecified dementia.	M1570	4. The DON began auditing, two times a week, on 5/29/2024 for proper storage of suction machines when not in use. Beginning on 6/3/2024 DON, Medical Records Licensed Practical Nurse or Quality Assurance (QA) Nurse will audit for proper storage of suction machine equipment, when it is not in use, 2 times a week for 4 weeks and then weekly for 2 months. Observation audits will be brought to the Quality Assurance and Performance Improvement Plan committee meeting on 6/19/2024 and thereafter, for at least 3 months, until consistent substantial compliance has been achieved as determined by the committee.	