

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2024
NAME OF PROVIDER OR SUPPLIER HOLLY SPRINGS REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635		
(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 The State Agency (SA) conducted complaint investigations for (CI) MS#25102 and CI MS#25495 at the facility on 06/19/24. The SA determined the facility was not in compliance with the Requirements of Participation in Medicare and Medicaid related to the complaint CI MS#25102 for misappropriation and cited F602. Based on the facility's implementation of corrective actions taken on 05/14/24 prior to survey entrance, this deficient practice was determined to be Past Non-Compliance. The SA found no deficient practice for CI MS#25495 related to sexual abuse.	F 000	Past noncompliance: no plan of correction required.		
F 602 SS=D	The facility had a census of 75 at the time of the survey and held a license for 120 beds. Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 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. This REQUIREMENT is not met as evidenced by: Based on record review, interviews and facility policy review the facility failed to prevent the misappropriation of narcotics for one (1) of four (4) medication carts in the facility. Medication cart B2. Based on the implementation of corrective actions the State Agency (SA) determined this to be Past Non-Compliance and the facility had achieved compliance on 5/14/24, prior to the SA	F 602	Past noncompliance: no plan of correction required.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/05/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 602	Continued From page 1 entry. Findings Include: Review of the facility policy dated December 2012, titled, "Controlled Substances," revealed, "The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances." Record review revealed that on 05/12/24 at 7:20 PM during change of shift narcotic count for medication cart two on B hall with Licensed Practical Nurse (LPN) #1 and LPN #2 it was noticed that a pill looked different from the others in the medication card. The narcotic card was for Resident #1's "Hydrocodone-Acetaminophen 5-325 Milligrams (Norco); take 1 tablet by mouth every six hours as needed for pain." When LPN #1 flipped over the narcotic card it was observed that the card had tape on the back of slot #20 pill and the pill inside was different from the other pills in the narcotic card. An audit on 05/14/24 of the narcotic cards revealed Resident #3's "Hydrocodone-Acetaminophen 5-325 milligrams (Norco); take one tablet by mouth every six hours as needed for pain," had a piece of tape to close over an area where a pill was removed, and the pill in slot #5 was different than the others. On 06/19/24 at 2:00 PM in an interview with LPN #2, confirmed that she notified the Director of Nurses (DON) right away and that an investigation began. She stated that the pill immediately caught her eye when she was doing the narcotic count because it was a different shape than the others in the blister pack. LPN #2	F 602			

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F 602	Continued From page 2 stated that the pill was white, but it was a different shape and it had the letters ATO etched on the pill. She stated that the next day on her shift that she noticed that Resident #3 had a narcotic card with tape on the back of it. She stated that it was the same situation that it was also a Norco tablet that had been replaced with another white pill with ATO etched on it. LPN #2 stated that she had never looked at the back of the narcotic cards before, but she does now after this incident. Interview with LPN #1 on 6/19/24 at 2:35 PM, confirmed that she had never seen this before and that since that day that they have never seen this happen again, but that they all had to write statements and take drug screenings during the investigation. On 06/19/24 at 4:00 PM, the DON was not in the facility during the (State Agency) SA investigation but the Administrator was interviewed and confirmed that throughout the investigation that all the nurses who had keys to all the medication carts and medications rooms were put through a drug screening and that all passed the screening. Throughout the audit and investigation, it was discovered that Resident #1 and Resident #3 were the two narcotic cards that the Norco had been removed and replaced with Atorvastatin pills. The Administrator confirmed that each blister pack medication card had the one single area that had been punched, the Norco removed and then replaced with Atorvastatin and a piece of clear tape was applied to the back side of the narcotic card where the Norco had been removed. The Administrator confirmed that in-services were completed, medication cart audits conducted and interviews with all cognitive residents in the facility were completed and no	F 602			

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F 602	Continued From page 3 one had an issue with not receiving pain medications. Resident #1 was admitted to the facility on 11/11/08 with diagnosis that included Crushing injury of the skull and Convulsions. The most recent Brief Interview for Mental Status (BIMS) score conducted on 06/18/24 revealed a score of 09, indicating moderate cognitive impairment. Resident #3 was admitted to the facility on 05/24/23 with diagnoses that included Dementia and Anxiety Disorder. The most recent Brief Interview for Mental Status (BIMS) score conducted on 04/01/24 revealed a score of 09, indicating moderate cognitive impairment. The SA validated on 6/19/24 through record review and staff interviews that the facility conducted an investigation that began on 05/12/24 which included medication cart audits of four medication carts on 05/12/24 and held a Quality Assurance meeting on 05/12/24; in-services on 05/13/24 with all Registered Nurses and LPNs on proper handling/use of controlled substances and narcotic counts; and conducted interviews with all cognitive residents on 05/14/24 related to narcotic medications. The Administrator stated that narcotic counts were monitored weekly for one month by the Director of Nurses with no further misappropriation noted. After review of the investigation, record reviews and interviews the SA determined that the facility was in compliance with requirements and had achieved compliance on 05/14/24.	F 602			