STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255179	A. BUILDING _____ B. WING _____	C 07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSING CENTER, INC	1300 MELODY LANE LEAKESVILLE, MS 39451

(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 two (2) Complaint Investigations (CI MS #25319 and CI MS #25545), at the facility from 7/1/24 through 7/2/24. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #25319 was investigated related to dietary food served cold and there were no citations related to the complaint. CI MS #25545 was investigated regarding a resident's right to privacy and F583 was cited. The facility held a license for 60 beds, with a census of 55.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other	F 583		7/18/24

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

Electronically Signed | 07/10/2024

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F 583	Continued From page 1 than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to privacy as evidenced by a resident who was visible on a video that was posted to a staff member's personal social media account without her consent for one (1) of four (4) sampled residents. Resident #1. Findings include: Review of the facility's policy, "Resident Photographs/Videos," revised 2/14/23, revealed, "Policy: Taking photographs and/or videos of residents or their personal belongings is a violation of residents' rights to privacy and confidentiality. Policy Explanation and Compliance Guidelines: 1. All photographs or videos of residents will only be taken by an employee having written authorization from the Administrator as indicated below ...3. No employees will post pictures, videos, comments, etc., on social media that pertains to anyone within this facility ..."	F 583	The preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. The business office manager deleted the alleged post off of her cell phone and social media post on 7.2.24. The alleged employee was given a one-on-one in-service by the Nursing Home Administrator on cell phone device usage and social media per the employee handbook and the policy on residents rights on 7.2.2024. The resident was unharmed. 2. All resident could have the potential to	

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F 583	Continued From page 2 A record review of the "Activity Photograph/Outing Release", dated 5/3/22, revealed Resident #1 signed an "Activity Photograph Release" which indicated, "...For the use of photos, names and/or social information for TV, radio, newspaper articles, facility newsletter, etc... each Resident or Responsible Party will be required to sign a consent form or give verbal consent per phone for each occasion ..." On 7/1/24 at 11:12 AM, during an interview with Resident #1, she was able to communicate using a note pad. She wrote that to her knowledge the facility had not posted any photos or videos of herself on social media. She indicated she had not signed any recent consents allowing pictures or videos other than the one she signed when she was admitted to the facility in 2022. Resident #1 also indicated that she would not like it much if the facility staff posted a video on their personal social media in which she was in the background. On 7/1/24 at 1:00 PM, during an interview with the Business Office Manager (BOM), she confirmed on 5/15/24, a video was taken of two staff members dancing during nursing home week. Resident #1 was in the background, and she posted it on personal social media. She said she did not realize Resident #1 was visible in the background because when she posted the video, she was more concerned about the staff members being so cute in the video dancing. The BOM stated that she knew posting residents on social media was against facility policy because of resident rights and confidentiality. On 7/1/24 at 1:15 PM, during an observation of the video posted to the BOMs social media, there were two (2) facility staff members dancing and	F 583	be affected by the alleged deficient practice. 3. The facility-initiated in-services, on 7.2.2024, to the entire staff on resident's rights with emphasis on privacy. The facility initiated an in-service on cell phone usage and social media 7.2.2024. These in-services will be conducted by the director of nursing or the assistant director of nursing. 4. The facility will monitor for unauthorized use of camera or cell phones in resident areas 3 days a week for 4 weeks. Then we will monitor 4 times a month for 3 months. This will be initiated the week of 7.8.2024.The monitoring will be conducted by the nursing hme administrator, director of nursing, or the assistant director of nursing. The results will be reviewed in quality assurance and performance improvement for the next 4 months. The July quality assurance meeting will be conducted on July 17,2024.	

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F 583	Continued From page 3	F 583		

Resident #1 was visible in the background. The video was approximately 5 seconds long.

On 7/2/24 at 10:33 AM, during an interview with the Administrator, he confirmed there was a video on the BOM's social media in which Resident #1 was visible in the background. He said it occurred during nursing home week and it was an accident because the staff should have been the only ones to be recorded, but the resident rolled by in her wheelchair into the view of the camera. The Administrator revealed that it was not the facility's policy to have residents on facility staff members personal social media pages and that all residents have the right to privacy and confidentiality.

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 05/03/2022 and she had current diagnoses including Deaf Nonspeaking.

A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.