STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255305	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	1126 EARL FRYE BOULEVARD, SOUTH AMORY, MS 38821

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey along with complaint investigations, CI MS #17345 and CI MS #17388, from 2/23/21 through 2/25/21. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated CI MS #17345 for abuse and cited F600 and F947 related to lack of in-service education. The SA did not substantiate CI MS #17388 for abuse, with no citations related to the complaint. The census at the time of the survey was 59.	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 facility incident report, staff and resident interviews, record reviews and facility policy review, the facility failed to prevent abuse and neglect as evidenced by an incident of verbal and physical abuse by a Certified Nursing	F 600	1. Resident #53 and #47 were assessed by the nurse and Social Services Director at the time of the alleged Deficient practice of being free from Abuse and Neglect on 12-1-2020 and no adverse	3/12/21

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

Electronically Signed | 03/12/2021

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F 600	Continued From page 1 Assistant (CNA) involving a resident during care for one (1) of 11 residents reviewed for abuse and neglect, Resident #53. Findings include: Review of the facility policy titled, "Abuse Program," dated 05/23/17 stated, "It is the policy of this facility to take all steps necessary to maintain an environment free of abuse and neglect. Each resident has the right to be free from verbal, sexual, physical, and mental abuse. The facility is committed to protecting the residents from abuse by anyone including, facility staff. Procedures to Prevent, Training: All facility staff and volunteers will be trained/in-serviced at least annually and as needed regarding Resident Rights, including freedom from abuse, neglect and mistreatment." Review of the facilities investigation of an incident that occurred on 12/01/20 was reviewed. Resident #47 reported to the therapy staff, Physical Therapist (PT) #1, that Certified Nursing Assistant (CNA) #1 had gotten her roommate up this morning and had been rough with her roommate. CNA#1 had pulled her by her arms and talked to her in a rude and hateful manner. The facility immediately began an investigation and CNA #1 was suspended until the investigation was complete. The staff performed a body audit on Resident #53 and no redness or bruising was noted to the resident. The facility interviewed Resident #47 who reported the incident and she stated, "I was scared and didn't know what to do and I just closed my eyes because I was worried about my safety and my roommate's safety." The facility reported the incident to the appropriate agencies and	F 600	outcomes were identified. CNA terminated on 12-1-2020. Residents in the section of the assigned CNA were interviewed by the Social Services Director on 12-1-2021 no adverse findings noted. 2. All residents in the facility as identified by the Electronic Medical Record have the potential to be affected by the alleged deficient practice of being free from Abuse and Neglect. 3. Residents with a BIMS score of 6 or above were identified through the Electronic Medical Record and were interviewed by the Social Services Director on 3-10-2021 and no concerns of Abuse or Neglect were identified. A one hundred percent body audit of all in-house residents as identified by the Electronic medical record was conducted by the wound care nurse 3-9-2021 and no abnormal bruising or marks were identified. On 3-10-2021, a one hundred percent In Service of all current employees was performed on the Abuse and Neglect Policy focusing on the definition of abuse and how to report abuse. Going forward beginning 3-12-2021 Staff development will use an Employee Roster and flow sheet system to ensure that all staff are in-serviced on Abuse and Neglect at least yearly per the facilities Policy and Procedure. Abuse investigation procedures were reviewed by the Director of Nursing and Administrator to ensure all procedures are	

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F 600	Continued From page 2 immediately began in-services and investigations at the time the incident occurred. In an interview on 02/23/21 at 10:45 AM, Resident #47 stated she remembered this day that this occurred and recalled the events to the State Agency (AS). Resident #47 stated that she was a CNA for 14 years at a nursing home and she was aware of how residents were supposed to be treated and what it was like to be a caregiver. Resident #47 stated she knew it was not right how this CNA was talking to her roommate and how rough she was with her. Resident #47 stated that she felt safe living here at the facility now and has not seen this CNA again since that day. Resident #47 stated that she has not seen any other incidents of abuse and that her roommate gets good care. In an interview on 02/25/21, at 11:20 AM, Physical Therapist (PT) #1 stated, "I went into (proper name) Resident #47's room early that morning to get her up for therapy and she said that she wanted to talk to me about something that happened early this morning and she told me she was scared and upset for her roommate and wanted to make sure her roommate was safe. She told me that a CNA had come into her room and was trying to get (proper name) Resident #53 up and was physically rough with her and grabbed her by her wrists and that (proper name) Resident #53 stated that she wanted to go home, and the CNA responded to her in a hateful way and said, 'This is your home now and you're not going anywhere'. Resident #47 said that she was scared for her roommate and didn't know what to do so she closed her eyes." PT #1 stated that Resident #47 described the CNA as a "dark black female," and she was very upset while explaining	F 600	being followed on 3-8-2021. 4. A 100 percent In Service was completed by Staff Development on 3-12-2021 for all employees. The Director of Nursing will do random audits on the in-service flow sheets 10 per month for 3 months beginning April 2021. Then 5 per month beginning July 2021. Any adverse findings of the audits will be reviewed by administrator and the QA committee for ongoing compliance beginning in April of 2021. Any abnormal findings will be addressed by the Quality Assurance team. The Corporate Nurse will review all investigations quarterly for one year beginning April 2021 to ensure compliance is met regarding the Abuse investigation procedure and the Abuse and Neglect policy. Any adverse findings will be discussed immediately with the administrator then brought to the next Quality Assurance meeting beginning April 2021. Abuse Policy and Procedure implementation will be put ton the Quality Assurance meeting to be discussed monthly beginning with the first meeting April 1st 2021. 5. 3-12-2021	

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F 600	Continued From page 3	F 600		

the story to me and stated she was concerned about Resident #53 continuing to stay here for her own safety and I assured her that I was going to notify the Administrator and she would take care of it. PT#1 confirmed that she had followed up with Resident #47 later and she had not seen the CNA anymore and that the facility took care of it and she felt safe now.

In an interview, on 02/24/21 at 3:00 PM, the Administrator stated that when the incident occurred it was around 7:00 AM at the end of shift. After review of the schedule and resident assignments, the Administrator stated she knew who the CNA was that Resident #47 was referring to and she had called CNA #1 later that day to obtain a statement from her and CNA #1 refused to give her a statement regarding the incident and refused to come to the facility to be interviewed as well so the Administrator terminated the CNA #1 for failure to comply with the investigation and marked her file as ineligible for rehire. The Administrator stated that CNA #1 had confirmed that she had pulled Resident #53 by the arms that morning but had stated she had done it because she was falling off the bed. The Administrator stated that CNA #1 was not a "stellar employee" and that the facility had issues with her in the past with using a loud voice with residents and the facility had talked to her about this but had not had concerns with her being physically abusive to residents.

Review of CNA #1's employee file revealed that she was hired on 06/01/15, and the CNA had a signed "Disciplinary Action" dated, 05/19/20 that stated, "Offense: Carelessness, Poor Performance, not completing timely rounds, leaving residents wet, and talking to residents

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F 600	Continued From page 4	F 600		

inappropriately. Further actions that will be taken if conduct is repeated: Termination." Record review of CNA #1's "Personnel Termination Notice," dated 12/02/20 revealed, "Terminated: speaking abruptly to resident."

Review of CNA #1's timecard, dated 12/01/20, revealed that CNA #1 was in the facility until 7:13 AM when she clocked out for the end of her shift.

The SA attempted to make contact with CNA #1 on two (2) attempts at two (2) separate phone numbers. Neither were working numbers and the SA was not able to reach CNA #1 to obtain an interview.

Review of the employee's file for CNA #1 indicated that she had a signed in-service for "Abuse Prevention and Vulnerable Adults," dated 05/29/15.

An interview with the Administrator, on 02/25/21 at 10:00 AM, revealed that the facility was not able to find an in-service that the employee attended since that date. The Administrator stated, "We in-service our staff on abuse and neglect four (4) times a year and she was an 11-7 CNA and should have attended in-services for abuse and neglect since 2015, but we have not been able to find her signature on any of the other in-services."

Record review of the Face Sheet revealed Resident #47 was admitted to the facility on 10/26/20 with diagnoses which included Anxiety Disorder, Muscle Weakness, Unspecified Abnormalities of Gait and Mobility, and Major Depression. Resident's Brief Interview for Mental Status (BIMS) assessment, dated 10/27/20,

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F 600	Continued From page 5 revealed a score was 15 at the time of the incident, indicating resident had full cognitive ability. Record review of the Face Sheet revealed Resident #53 was admitted to the facility on 11/12/20, with diagnoses which included Dementia, Anxiety Disorder, Unspecified Lack of Coordination, and Malaise. Resident's BIMS score dated 11/12/20 was 14, indicating full cognitive ability. The resident's most recent BIMS dated 02/03/21 was a 9, indicating moderate cognitive impairment.	F 600		
F 947 SS=D	Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides. In-service training must- §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training. §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff. §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by:	F 947		3/12/21

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F 947	Continued From page 6 Based on staff interviews, facility in-service review, record review and facility policy review, the facility failed to provide in-services to staff as required for federal and state requirements regarding abuse and neglect for one (1) of six (6) employee files reviewed, Certified Nursing Assistant (CNA) #1. Findings include: Review of the facility's "Abuse Program" policy, dated 05/23/17 noted, "It is the policy of this facility to take all steps necessary to maintain an environment free of abuse and neglect. Each resident has the right to be free from verbal. sexual, physical, and mental abuse. The facility is committed to protecting the residents from abuse by anyone including, facility staff. Procedures to Prevent, Training: All facility staff and volunteers will be trained/in-serviced at least annually and as needed regarding Resident Rights, including freedom from abuse, neglect and mistreatment." Review of the employee file for CNA #1 indicated that she had a signed in-service for "Abuse Prevention and Vulnerable Adults," dated 05/29/15 that the employee attended when her employment began. The State Agency (SA) was unable to find another in-service since that date that CNA #1 had attended. An interview with the Administrator on 02/25/21, at 10:00 AM, revealed that the facility was not able to find an in-service that the employee attended since 5/29/15. The Administrator stated, "We in-service our staff on abuse and neglect four times a year and she was an 11-7 CNA and should have attended in-services for abuse and neglect since 2015, but we have not been able to	F 947	1. 1. ACTION TAKEN IMMEDIATELY BY ADMINISTRATOR TO CORRECT ALLEGED DEFICIENT PRACTICE. INSERVICE AND ABUSE POLICIES REVIEWED WITH STAFF DEVELOPMENT NURSE on 3-12-2021 by administrator. PROCEEDURE PUT IN PLACE FOR DIRECTOR OF NURSING on 3-12-2021 TO FOLLOW UP AND ENSURE COMPLIANCE WITH INSERVICES. 2. All residents in the facility as identified by the Electronic Medical Record have the potential to be affected by the alleged deficient practice of not providing In -Service for Nurse Aides. 3. On 3-10-2021, a one hundred percent In Service of all current employees was performed on the Abuse and Neglect Policy focusing on the definition of abuse and how to report abuse. Going forward beginning 3-12-2021 Staff development will use an Employee Roster and flow sheet system to ensure that all staff are in-serviced on Abuse and Neglect at least yearly per the facilities Policy and Procedure. Abuse investigation procedures were reviewed by the Director of Nursing and Administrator to ensure all procedures are being followed on 3-8-2021. 4. A 100 percent In Service was completed by Staff Development on 3-12-2021 for all employees. The Director of Nursing will do random audits on the	

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F 947	Continued From page 7 find her signature on any of the other in-services." An interview with the Staff Development Nurse, on 02/25/21 at 10:15 AM, revealed that the facility will utilize an employee roster from this point on to ensure that all employees have attended in-services and confirmed that they could not find CNA #1's signature on any of the recent in-services that the facility completed on abuse and neglect. The SA attempted to make contact with CNA #1 on two (2) attempts at two (2) separate phone numbers. Neither were working numbers and the SA was not able to reach CNA #1 to obtain an interview. Record review of a document signed by CNA #1 titled, "Teachable Moments," dated 11/04/15, stated, "You are responsible for signing all in-services that are put out by the facility. After today, when these are checked, if you have not signed them, this will result in a write up."	F 947	in-service flow sheets 10 per month for 3 months beginning April 2021. Then 5 per month beginning July 2021. Any adverse findings of the audits will be reviewed by the administrator and the QA committee for ongoing compliance beginning in April of 2021. Any abnormal findings will be addressed by the Quality Assurance team and necessary changes will be made beginning April 2021. The Corporate Nurse will review all investigations quarterly for one year beginning April 2021 to ensure compliance is met regarding the Abuse investigation procedure and the Abuse and Neglect policy. Any adverse findings will be discussed immediately with the administrator then brought to the next Quality Assurance meeting beginning April 2021. 5. 3-12-2021	