STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 a Complaint Investigation (CI), MS #27071, at the facility on 01/02/25. CI MS #27071 was a facility reported investigation (FRI) related to resident abuse and resident rights. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F550. The facility held a license for 70 beds, with a census of 63.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F 550		2/7/25

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

Electronically Signed | 01/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 550	Continued From page 1 §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure a resident's right to be treated with respect and dignity when a Certified Nurse Aide (CNA) would not provide assistance requested by the resident for one (1) of five (5) sampled residents. Resident #1. Findings included: A review of the facility's policy titled "Rights and Responsibilities of Residents," revised October 2023, revealed, " ...It is the policy ...to protect and support the fundamental human, civil, and constitutional rights of each resident ...Procedure ...F ...ensure that each resident admitted to the facility is ... (10) Treated with respect and full recognition of their dignity and individuality ..." A record review of the December 2024 "Physician's Orders" revealed Resident #1 had an	F 550	Disclaimer: Completion to Licensure Violation Report for James T. Champion Nursing Facility does not represent agreement of the statement of deficiency herein stated. 1. On 1/15/2025, the Licensed Social Worker (LSW) inquired about Resident #1 mental well-being after the occurrence of the incident. Resident #1 denied any psychological distress pertaining to the incident. Resident #1 was informed by the LSW of resident rights and encouraged to report mistreatment. Certified nursing assistant (CNA) #2 is no longer employed by James T. Champion Nursing Facility (JTCNF). CNA #2 resigned on 11/15/2024. 2. All residents have a potential to be affected by this deficient practice of failure to treat residents with dignity and respect.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 550	Continued From page 2 order dated 11/7/2024, for one-person assistance with transfers, dressing, and bathing tasks to reduce the resident's risk of falls. A record review of the facility's investigation "Vulnerable Adult Act", dated 11/11/2024 and completed on 11/15/2024, revealed that the facility received a complaint on 11/14/2024 regarding an incident involving Resident #1 and CNA #2 that occurred on 11/11/2024 between 8:00 PM and 10:00 PM. The report indicated Resident #1 pressed the call bell to request assistance with changing clothes and getting into bed. CNA #2 entered the room and reportedly refused to assist Resident #1 with the requested tasks, stating, "I am only here to assist with toileting." CNA #2 was observed leaving Resident #1's room without providing the requested assistance. The report noted that Resident #1 was care-planned for staff assistance with transfers, toileting, dressing, and bathing to reduce fall risks. Section X of the facility's investigation confirmed the allegation indicating, "The allegation is supported by a preponderance of the evidence..." On 1/2/2025 at 10:15 AM, during an interview, Resident #1 recounted the incident. She stated she pressed her call bell and explained her needs to three CNAs who responded. CNA #2 informed her that only toileting assistance would be provided and refused to help her change clothes or get into bed. Resident #1 described CNA #2's demeanor as condescending and rude, though no foul language was used. Ultimately, another CNA assisted her with changing clothes and getting into bed. Resident #1 expressed dissatisfaction with CNA #2's behavior, calling it dismissive and unprofessional.	F 550	3. All certified nursing assistants (CNA/s), licensed practical nurses (LPN), and registered nurses (RN), were in-serviced on resident rights from 1/13/2025-1/15/2025 by Staff Educator, RN. On 1/15/2025, LSW questioned all interviewable residents about care rendered and respect shown by staff. All residents interviewed denied issues with care and respect by staff. 4. Beginning on 1/14/2025, the Licensed Social Worker implemented monitoring by interviewing three (3) residents a month for three consecutive months. Beginning 1/21/2025, the Director of Nursing will audit new and current employees for eight (8) weeks to ensure education is received upon hire and annually to promote resident dignity and respect in accordance with center guidelines and regulatory requirements. Observations will be reviewed by the Quality Assurance Committee for three months beginning 2/6/2025 X three (3) for 3 months. This committee will determine if substantial compliance is attained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 550	Continued From page 3	F 550		

On 1/2/2025 at 10:50 AM, during an interview, the CNA Supervisor #1 stated CNA #2 worked night shifts but was no longer employed at the facility. She described CNA #2 as a competent aide but noted prior instances of poor attitude toward co-workers. She emphasized that CNAs are responsible for providing safe and respectful care to residents and should not engage in disagreements with residents. She stated that CNAs must consult a nurse if they have questions about care.

On 1/2/2025 at 12:30 PM, during an interview, the Nursing Home Administrator explained that the investigation into the 11/11/2024 incident revealed CNA #2 had refused to assist Resident #1 and may have been rude and disrespectful toward the resident. She stated that statements were collected by both her and the Director of Nursing (DON) and were forwarded to the facility investigator. The Administrator noted that CNA #2, a contract worker, was removed from the schedule pending the investigation but resigned on 11/14/2024 before the investigation concluded.

A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 8/23/2024, with current diagnoses including Heart Disease.

A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.