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 _____	04/24/2025

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

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey and Complaint Investigation (CI MS#28379), at the facility from 4/21/2025 through 4/24/2025. The SA investigated CI MS #28379 related to dietary services and there were no deficiencies cited related to the complaint. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F583, F700, and F909. The facility had a census of 63 and was licensed for 70 beds	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		6/10/25

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

Electronically Signed | 05/09/2025

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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(h)(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, interview, record review, and facility policy review, the facility failed to ensure a resident's right to privacy of treatment information for one (1) of sixteen (16) sampled residents (Resident #5), when a turning schedule was publicly posted in the resident's room. Findings included: A review of the facility's policy, "Rights and Responsibilities of Residents," dated October 2023, revealed, " ...Resident rights which states 'residents are treated with dignity and respect which includes privacy in treatment and care for their personal needs ...3. Procedure ...F ...will ensure that each resident admitted to the facility is ...10. Treated with respect and full recognition of their dignity ...including privacy in treatment and care ..." A record review of the "Face Sheet" revealed the facility admitted Resident #5 on 9/3/24 with diagnoses including Cerebral Palsy.	F 583	Disclaimer: Completion to Licensure Violation Report for James T. Champion Nursing Facility does not represent agreement of statement of deficiency herein stated. On 04/24/2025, the turning schedule was removed from the head of the bed of Resident # 5. The Certified Nursing Assistant Supervisor was educated on not posting signs that may interfere with residents rights 04/25/2025. All residents have the potential to be affected by this deficient practice of failure to promote privacy in treatment and care. All certified nursing assistants, registered nurses, and licensed practical nurses were in-serviced on residents rights to personal privacy and confidentiality in treatment and care by Staff Educator beginning 05/9/2025. An audit was conducted on 5/2/2025 in all residents	

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F 583	Continued From page 2 A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/3/25 revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident's cognition was moderately impaired. On 4/21/25 at 12:53 PM, during an observation, Resident #5 was lying in bed, and a turning schedule was visibly posted at the head of the bed on the bulletin board, listing scheduled repositioning times. On 4/23/25 at 1:45 PM, during a follow-up observation, the turning schedule remained posted above the head of the bed in Resident #5's room. The schedule was affixed to the bulletin board located at the head of the bed, making it clearly visible to any person entering the resident's room. On 4/23/25 at 3:09 PM, during an interview and observation with Certified Nurse Aide (CNA) #3, she stated the turning schedule posted in Resident #5's room served as a reminder for staff to turn the resident every two (2) hours. The aide confirmed this practice was used routinely to prompt repositioning in accordance with the resident's care plan. On 4/23/25 at 3:36 PM, during an interview with the Certified Nursing Coordinator (CNC), she confirmed turning schedules were posted in resident rooms as visual reminders for Certified Nurse Aides (CNAs) to reposition residents every two hours or as needed based on care needs. Regarding Resident #5, the CNC stated there was a physician's order for side-to-side turning due to a pressure ulcer. She confirmed the order	F 583	rooms to ensure no postage of signs that may be considered private or infringed on residents rights by the Director of Nursing/designee. There were no issues identified. Beginning on 5/5/2025, the Director of Nursing/designee will monitor four (4) rooms per week for four (4) weeks and then twice monthly for two months to promote resident privacy in treatment and care in accordance with center guidelines and regulatory requirements. Observations will be reviewed by the Quality Assurance Committee for three (3) months beginning 6/3/2025.	

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F 583	Continued From page 3 was documented in the medical chart, and the resident's family had not provided permission for the signage. On 4/23/25 at 4:08 PM, during an interview with the Nurse Supervisor, she stated the facility did not have a formal policy regarding the use of posted turning schedules in resident rooms. The schedules were used as reminders for CNAs to reposition residents every two (2) hours. She confirmed no families had given permission for use of these signs. On 4/24/25 at 2:09 PM, during an interview with the Director of Nursing (DON), she acknowledged her staff had informed her of the signage in Resident #5's room. She stated she had forgotten the signs were still in place and had not taken action to remove them. On 4/24/25 at 2:58 PM, during an interview with the Administrator, she acknowledged she was made aware there was posted signage in Resident #5's room indicating a schedule the staff were to turn the resident. She stated the facility's immediate plan included removal of all such signage, a review of applicable federal regulations, and provision of staff education. She further stated the facility planned to remove all signage containing clinical information regardless of format to ensure full compliance with privacy regulations.	F 583		
F 700 SS=E	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If	F 700		6/10/25

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F 700	Continued From page 4 a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to assess the risks associated with the use of bed rails, obtain resident consent, and conduct ongoing evaluations for continued use of bed rails for one (1) of one (1) resident reviewed for bed rail use, Resident #18. This failure had the potential to affect 40 of 63 residents residing in the facility who used side rails. Findings included: A review of the statement provided by the Administrator dated 4/24/25 revealed, "There is currently no policy for bed rails..." A review of the "Siderails and Assist Device" Owner's Manual for the bed type used for	F 700	Resident #18 was evaluated by an Occupational Therapist to determine if the bed rail was suitable for the provision of care on 5/3/2025. The Occupational Therapist recommended a bed rail as an appropriate assistive device for Resident #18. An informed consent was obtained by the Nursing Supervisor on 05/07/2025. The Maintenance Supervisor inspected the bed rail for compatibility and safety purposes on 04/22/2025. There were no issues identified. All residents have the potential to be affected by this deficient practice of failure to comply with regulatory requirements relating to the use of bed rails.	

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F 700	Continued From page 5 Resident #18 revealed, "... A licensed healthcare provider should investigate the potential risk for entrapment on an individual basis ..." On 4/21/25 at 12:39 PM, Resident #18 was observed lying in bed with the head of the bed elevated. Half side rails were observed padded on both sides and were raised on the upper half of the bed. Resident #18 denied having any seizures and stated that the side rails had always been present since her admission, but she was not sure why they were in place. A record review of a list of current residents in the facility with side rails revealed 40 residents out of 63 had side rails as of 4/24/25. A record review of Resident #18's "Face Sheet" revealed the facility admitted the resident on 9/25/23 with diagnoses including Alzheimer's Disease. A record review of Resident #18's "Physician Order Report" revealed an order dated 9/25/23 for half-length padded side rails to aid with turning and positioning. A record review of Resident #18's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 2/20/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired. A further review of Resident #18's medical record revealed no documented quarterly assessments for continued bed rail use and no signed consent for the bed rails.	F 700	All certified nursing assistants, licensed practical nurses, registered nurses, maintenance director, therapy director, and occupational therapist will be in-serviced on 1) use of alternatives to bed rails, 2) benefits/risks to utilization of bed rails, and 3) Obtaining informed consents prior to use of bed rails beginning 05/6/2025-05/12/2025 by the Staff Educator/designee. Therapy Director/designee evaluated forty (40) residents with bed rails beginning 4/30/2025. Six (6) residents were found to not benefit from the usage of bed rails. Those six (6) residents were given the opportunity to discontinue bed rail usage due to findings. Informed consents will be obtained by all residents/responsible parties by 05/12/2025. On 4/22/2025, the Maintenance Director observed all beds for compatibility and security of bed rails. All beds with bed rails attached were compatible, secure, and safe for occupancy. To ensure ongoing compliance, the Director of Nursing (DON) will monitor the receipt of consents for a minimum of twelve (12) weeks or until substantial compliance is received beginning 5/5/2025. The Maintenance Director/designee will verify monthly all beds with bed rails have been added to preventive maintenance and safety checks are performed per manufacturer guidelines beginning 04/22/2025. The results of these audits will be reviewed by the Quality Assurance Committee for three (3) months beginning 6/3/2025.	

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F 700	Continued From page 6 On 4/22/25 at 1:35 PM, during an interview with Certified Nurse Aide (CNA) #1, she explained that most residents have side rails to assist with turning and repositioning. She denied that Resident #18 had any recent falls or seizures and reported that the resident had used side rails as long as she could remember. On 4/22/25 at 3:00 PM, during an interview with Licensed Practical Nurse (LPN) #1, she explained that Resident #18 had used side rails for as long as she had worked at the facility. She was not sure why the bed rails were padded but confirmed the resident used them to assist with repositioning. On 4/23/25 at 3:40 PM, during an interview with the Administrator, she reported she was not aware of the regulations regarding bed rails. She confirmed the facility did not have signed resident consents for the use of bed rails and that residents had not been assessed for the risk of entrapment. On 4/24/25 at 10:10 AM, during an interview with the Director of Nursing (DON), she confirmed that Resident #18 had no signed consent for side rails and no assessment for the use of bed rails or entrapment risk. She reported that this was true for all residents with bed rails in the facility. She stated that because the rails were used as enablers and not restraints, they had not believed that consent or assessments were required. She confirmed Resident #18 had a physician's order for half-length padded bedrails for turning and positioning dated 9/25/23.	F 700		
F 909 SS=E	Resident Bed CFR(s): 483.90(d)(3)	F 909		6/10/25

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F 909	Continued From page 7 §483.90(d)(3) Conduct Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the safe maintenance and monitoring of bed rails in accordance with manufacturer guidelines for one (1) of one (1) resident observed with side rails, Resident #18, which resulted in the lack of required inspections and documentation for side rail safety with the potential to affect 40 of 63 residents who use side rails. Findings include: A record review of the facility's policy statement dated 4/24/25 revealed, "There is currently no policy for bed rails." A review of the "Siderails and Assist Device" Owner's Manual for the bed type used for Resident #18 revealed, "...Maintenance/Inspection Information: Visually inspect the assist handle and mounting bracket, and check for loose hardware on a monthly basis ... A licensed healthcare provider should investigate the potential risk for entrapment on an individual basis ..." A record review of a list of current residents in the facility with side rails revealed that forty (40) out	F 909	On 4/22/2025, Resident #5 bed was inspected by the Maintenance Supervisor. There were no issues noted with compatibility and safety of bed rails. All residents have the potential to be affected by the deficient practice of failure to ensure maintenance and monitoring of bed rails per manufacturer guidelines. The Maintenance Director was educated on the importance of incorporating maintenance and monitoring of bed rails per manufacturer guidelines. All forty (40) beds were inspected for compatibility and safety. There were no issues noted. Beds with bed rails were added to preventative maintenance. Preventive maintenance will occur as needed per manufacturer recommendations. The Maintenance Director/designee will ensure compliance with bed rail audits for 12 weeks beginning 4/22/2025. Ongoing audits will be determined based on the results of prior audits. Audit tools will be reviewed monthly by the Maintenance Director and/or Administrator during the	

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F 909	Continued From page 8 of sixty-three (63) residents had side rails as of 4/24/25. During an observation on 4/21/25 at 12:39 PM, Resident #18 was lying in bed with the head of the bed elevated. Half-length padded side rails were observed on both sides of the upper half of the bed. The resident denied any history of seizures and stated the side rails "have just been that way" and she did not know why, ever since she had been at the facility. During an interview on 4/23/25 at 10:10 AM, the Director of Nursing (DON) confirmed Resident #18 had half-length side rails on the bed. She reported being unaware of regulations and requirements related to side rail use. During an interview on 4/23/25 at 10:10 AM, the facility's Administrator reported the facility did not have any regular maintenance logs for bed rails. During an interview on 4/23/25 at 11:45 AM, the Maintenance Director confirmed he did not maintain any logs for bed rail inspections. He stated the facility had two (2) types of beds and that he was not aware maintenance logs or regular rounds were required by manufacturer guidelines. A record review of Resident #18's "Face Sheet" revealed the facility admitted the resident on 9/25/23 with diagnoses including Alzheimer's Disease. A record review of Resident #18's "Physician Order Report" revealed an order dated 9/25/23 for half-length padded side rails to aid with turning and positioning.	F 909	Quality Assurance and Performance Improvement Meetings.	

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F 909	Continued From page 9 A record review of Resident #18's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 2/20/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired.	F 909		