MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04KO	A. BUILDING: _____ B. WING _____	C 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-KOSCIUS	310 AUTUMN RIDGE DRIVE KOSCIUSKO, MS 39090

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint investigation (CI) MS# 29882 and CI MS#29925 at the facility from 11/17/25 through 11/18/25. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA identified non-compliance and cited M 500 for CI MS#29925 related to Resident Rights. There were no deficiencies cited for CI MS# 29882. The census at the time of the survey was 115 with a bed capacity of 150 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		

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M 500	Continued From page 1 nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately	M 500		

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M 500	Continued From page 3 with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on record review of the facility investigation, resident and staff interview, and	M 500		

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M 500	Continued From page 4	M 500		

facility policy review the facility failed to ensure the protection of resident rights by not safeguarding a resident from financial exploitation by an employee. The facility also failed to take appropriate follow-up actions after substantiating the allegation. This deficient practice resulted in experiencing financial loss, emotional distress, and a violation of his right to be free from exploitation for one (1) of three (3) residents reviewed for resident rights. Resident #1.

Findings include:

Record review of facility policy "Abuse Policy and Procedure" revealed " 2. General: The resident has a right to be free from verbal, sexual, physical or mental abuse, corporal punishment, and involuntary seclusion...Financial Exploitation: An improper course of conduct with or without informed consent of the older adult that results in monetary, personal, or other benefit, gain pr profit for the perpetrator and/or monetary or personal loss for the older adult.

Record review of the facility "Incident Summary" revealed that on 11/11/25 at 4:45 PM Resident #1 reported to the Administrator that he had loaned the Maintenance man (MM) $1050.00 dollars about three (3) weeks prior. Resident #1 stated that the MM promised to pay him back within two (2) weeks. Resident #1 expressed that he felt sorry for the MM because he had shared that he was about to lose his home and was drowning in medical bills. Resident #1 further informed the facility that he found out that the MM lied to him and had not paid him back, although he had asked him multiple times.

Record review of a "Witness Statement" dated 11/12/25 and signed by the MM revealed " ...I

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M 500	Continued From page 5 borrowed $1000 from [Resident #1's proper name] in the form of a cashier's check from his bank. Told him I could pay him back what I could when I could. As of 11/12/25 I have not been able to pay anything back." Interview with Resident #1 on 11/17/25 at 1:00 PM, he stated that the MM had told him that he had a surgery and was probably going to have another surgery and that his bills were eating him alive. The MM further told him that he was going to lose his home because he did not have the money to pay his bills. Resident #1 stated he felt sorry for the MM, so he loaned him $1050 dollars to pay his bills. Resident #1 stated that when it came time for the MM to pay him back, he would put him off or had an excuse. He stated that he had found out that the MM had lied to him, and he felt stupid for falling for it. He explained that he did not have cash on him, so he had the facility to take him to his bank in the transportation van. He stated that the facility has not offered to pay the money back and he does not know what course of action was taken, but that he has not seen the maintenance man since then and has not received any money. Interview with the Assistant Administrator on 11/17/25 at 1:50 PM, she verified that the MM was suspended on 11/11/25 and subsequently terminated on 11/13/25, because the allegation of exploitation was substantiated by the facility. Interview with the Administrator on 11/17/25 at 2:35 PM, she verified that the MM admitted to borrowing the money from Resident #1. She verified that they had not interviewed any other residents to determine if any staff had tried to borrow money from them. She also stated they	M 500		

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M 500	Continued From page 6 had not replaced the resident's money because they were waiting to see what actions the Attorney General (AG) office were going to take against the MM. The Administrator confirmed that she was aware that the facility was responsible for protecting the residents from exploitation and that they had failed to do that. She also confirmed that she had not fully investigated this incident to see if there were other residents who were victimized by the MM. Record review of a copy of the cashier's check from the bank was dated 09/02/25 in the amount of $1,504.00 that was given to Resident #1. Record review of the "Face Sheet" revealed that the facility admitted Resident #1 on 07/16/25 with a diagnosis of Major Depressive Disorder. Record review of the Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 09/24/25 for Resident #1 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident is cognitively intact.	M 500		