STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255185	A. BUILDING _____ B. WING _____	C 04/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANOLA REHABILITATION AND HEALTHCARE CENTER	401 HIGHWAY 82 WEST INDIANOLA, MS 38751

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F 000	INITIAL COMMENTS The State Agency (SA) conducted complaint investigations (CI) CI MS #17546 and CI MS #17612 from 4/14/21 through 4/19/21. 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 #17612 for misappropriation of property and cited F602. CI MS #17546 was not substantiated for quality of care/treatment and resident neglect with no deficiencies cited related to this tag.	F 000		
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 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. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and policy/procedure reviews, the facility was not in compliance with Resident Rights for eight (8) of 13 residents reviewed; Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, and Resident #9, as evidenced by resident trust fund accounts were noted to have money withdrawn without receipts for proof of purchases. Findings include: Review of the facility's "Resident's Rights" policy,	F 602	Preparation and submission of this plan of correction by Indianola Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F602	5/21/21

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

Electronically Signed | 05/19/2021

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F 602	Continued From page 1 not dated, noted "8. 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 or third-party payment contract". Record review of the facility's "Abuse Prohibition Policy", revised 12/12/19, revealed the facility will prohibit neglect, mental or physical abuse, including involuntary seclusion and the misappropriation of property or finances of residents. On 4/19/21 at 10:12 AM an interview with an investigator from the Attorney General's (AG) office confirmed the AG's office was investigating the case at this time. On 4/19/21 at 11:35 AM an interview with the Administrator revealed after the death of Resident #8, her granddaughter was sent a trust fund statement. Resident #8's granddaughter called the facility questioning withdrawals noted on the Trust Fund transaction statement. Knowing the Brief Interview for Mental Status (BIMS) score for Resident #8, there should have not been any requested withdrawal from her trust fund. At this time, the administrator began an investigation. During the investigation, there were "suspicious" withdrawals from Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, and Resident #9 trust fund accounts. There were not store receipts listing purchases that would normally be attached to the withdraw receipt. It appeared that the amount on the receipts had been altered after the witnesses had signed confirming the	F 602	1.On April 20, 2021, refunds were provided by the facility to eight (8) of thirteen (13) residents reviewed as potentially being affected by unauthorized withdrawals without supporting documentation. Resident #8 was refunded $600.00, resident #2 was refunded $250.00, resident #3 was refunded $250.00 resident #4 was refunded $100.00, resident #5 was refunded $250.00, resident #6 was refunded $175.00, resident #7 was refunded $400.00, and resident #9 was refunded $300.00. Five (5) of the Thirteen (13) residents reviewed were not affected of misappropriation. Payroll/Resident Trust employee was suspended on February 26, 2021 and terminated on March 2, 2021. 2.Each resident with a Resident Trust Fund account from January 16, 2020, to March 2, 2021, had the potential to be affected. On February 26, 2021, Regional Financial Specialist audited all residents Trust Fund accounts for unauthorized or suspicious withdrawals without supporting documentation or signatures; 8 residents that were identified as being affected of misappropriation, were refunded misappropriated funds by the facility. 3.In-service's on Abuse and Neglect, Resident Rights, Vulnerable Adults, and Misappropriation was initiated on May 17,2021 by Staff Development Coordinator. On March 19, 2021, Segregation of Duties were revised to include Business Office Manager, Human	

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F 602	Continued From page 2 withdrawal. The Administrator called the incident to the state survey agency, to the Attorney General office and began her investigation. The administrator suspended and then terminated the Payroll/Resident Trust employee on 3/2/21. On 4/19/21 at 12:10 PM an interview with the responsible party for Resident #8 revealed she noticed that $200.00 had been withdrawn from her mother's trust account and she knew she had not gone anywhere. After looking at the paperwork from the facility there were five (5) withdrawals from her mother's trust account totaling $600.00. On 4/19/21 at 12:30 PM an interview with the RP for Resident #2 revealed he got a phone call from the facility when they discovered the money had been withdrawn. They contacted him last week and said the money had been put back into her trust fund. A am going to call the facility to get an updated trust fund statement. On 4/20/21 at 2:00 PM an interview with the Administrator revealed the funds had been refunded to each resident's trust fund account and letters have been sent to each Responsible Party (RP) informing each of the amount refunded to the Resident's trust fund account. Review of the job description for "Resident Trust Fund-Financial Segregation of Duties Policy" dated by the terminated employee on 6/1/2020 and again on 11/6/2020 stated "It is the policy of Nexion Health to protect residents Trust Fund; it is also a requirement of federal and state law. It is also Nexion Health policy to ensure resident funds are being used for the sole purpose of the resident's need."	F 602	Resource/Payroll and Regional Financial Specialist to monitor the Trust Fund process of resident disbursements. A Directive in-service was provided by Mississippi Attorney General Investigator on Misappropriation, Exploitation, Resident Rights, Abuse and Neglect on April 28, 2021. 4.Beginning the week of May 17, 2021, the Administrator and/or Director of Nursing will conduct weekly audits to ensure proper signatures and/or supporting receipts are obtained on Resident Trust Fund disbursements weekly for four (4) weeks, then monthly for two (2) months, then quarterly thereafter. A report will be submitted on May 30, 2021, to the Quality Assurance Performance Improvement Committee by Administrator for further recommendations. The Administrator is responsible for on-going monitoring and compliance. Any changes or revisions deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement committee. 5.Date of compliance is May 21, 2021	

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F 602	Continued From page 3	F 602		

Review of Resident #2's Face Sheet revealed an admission date of 7/23/2015 with diagnoses which included Alzheimer's disease, Dementia in other diseases classified elsewhere with Behavioral Disturbance, Impulse disorder, Delusional disorder and unspecified psychosis not due to a substance or known physiological condition. Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/2/21 with a Brief Interview for Mental Status (BIMS) was documented as not able to perform which indicated severe impairment and unable to make decisions for Activities of Daily Living (ADLs). Review of the Resident's Trust Fund Statement revealed the unauthorized amount of funds removed 11/20/2020 was $250.00. This amount was refunded 4/20/2021.

Record review of Resident #3's Face Sheet revealed an admission date of 10/28/2009 with diagnoses which included Unspecified Schizophrenia, Major Depressive Disorder, Anoxic Brain Damage Not Elsewhere Classified and Unspecified Dementia with Behavioral Disturbances. Resident #3's BIMS score from MDSs dated 10/19/2020 to the present was 0 which indicated severe impairment and unable to make ADL decisions. Review of the Resident's Trust Fund Statement revealed the unauthorized amount of funds removed 11/13/2020 was $250.00. This amount was refunded 4/20/2021.

Review of Resident #4's Face Sheet revealed and admission date of 10/4/2016 with diagnoses which included Unspecified Psychosis not due to a substance or known physiological condition, Dementia in other diseases classified elsewhere with behavioral disturbances, and Generalized

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F 602	Continued From page 4	F 602		

Anxiety Disorder. Resident #4's BIMS score from MDSs dated 10/1/2020 to the present ranged from 0 to 5 indicating severe impairment and was not able to make ADL decisions. Review of the Resident's Trust Fund Statement revealed the unauthorized amount of funds removed 11/13/2020 was $100.00. This amount was refunded 4/20/2021.

Review of Resident #5's Face Sheet revealed an admission date of 6/13/13 with diagnoses which included Schizophrenia, Anxiety Disorder, Major Depressive Disorder, and Unspecified Intellectual Disabilities. Resident #5's BIMS score from the MDSs dated 5/13/2020 to the present range from 14-15 indicating Resident #5 was cognitively intact.

Review of the Resident's Trust Fund Statement revealed the unauthorized amount of funds removed on 11/13/2020 was $250.00. This amount was refunded 4/20/2021.

Record review of Resident #6's Face Sheet revealed an admission date of 8/18/2020 with diagnoses which included Unspecified Dementia without behavioral disturbances and Other symbolic dysfunctions. Resident #6's BIMS score from MDSs dated 10/20/2020 to 4/2/2021 ranged from 9 to10 meaning Resident #6's cognitive level was moderately impaired and required assistance to make ADL decisions. Review of the Resident's Trust Fund Statement revealed the amount of unauthorized funds removed 11/13/2020 was $175.00. This amount was refunded 4/20/2021.

Record review of Resident #7's Face Sheet revealed an admission date of 11/16/2018 with

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F 602	Continued From page 5	F 602		

diagnoses which included Unspecified Dementia without Behavior Disturbances and Unspecified symbolic dysfunction. Resident #7's BIMS score from MDSs dated 8/31/2020 to present was 0 indicating severely impaired cognition and was not able to make ADL decisions. Review of the Resident's Trust Fund Statement revealed the amount of unauthorized funds removed 11/30/2020 was $400.00. This amount was refunded 4/20/2021.

Record review of Resident #8's Face Sheet revealed an admission date of 11/14/2012 with diagnoses which included Impulse Disorder, Unspecified Psychosis not due to a substance or known physiological condition, Unspecified dementia with behavioral disturbance and Unspecified Symbolic Dysfunctions. Resident #8's BIMS score from MDSs dated 2/27/20 to her discharge ranged from 9 to 0 indicating meaning she was moderately to severely impaired and was not able to make ADL decisions. Review of the Resident's Trust Fund Statement revealed the unauthorized amount of funds removed: 2/28/2020-$200.00, 6/5/2020-$10.00, 11/4/2020-$200.00, 11/13/2020-$250.00 and 11/30/2020-$125.00. This amount was refunded 4/20/2021.

Record review of Resident #9's Face Sheet revealed an admission date of 1/12/2018 with diagnoses which included Unspecified Dementia without behavioral disturbance and Aphasia. Resident #9's BIMS score from MDSs dated 9/24/2020 to discharge ranged from 0 to 10 indicating moderate to severe cognitive impaired and required assistance with ADLs. Review of the Resident's Trust Fund Statement revealed the amount of unauthorized funds removed

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F 602	Continued From page 6 11/30/2020 was $300.00. This amount was refunded 4/20/2021. Review of the phone notifications to the Resident's RPs by the Business Office Manager revealed the amounts of money taken from the resident's trust fund account without authorization and the confirmation that the RPs were not aware. Review of the audits of the Resident's Trust Fund Statements by the facility confirmed the eight (8) residents that funds were taken from their trust accounts. Record review on 4/20/2021 of the Residents Trust Fund Statements revealed that each resident involved had the accurate amount of money refunded to their trust fund accounts. Record review on 4/20/2021 of each letter sent to the residents RPs included the amount of money that had been refunded to each trust fund account.	F 602		