Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/25/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD COMMUNITY LIVING CENTER	**1036 WEST DRIVE , LAUREL, Mississippi, 39440**

(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
M0000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI MS #2805886), at the facility on 3/25/26. CI MS #2805886 was a facility reported incident (FRI) investigated for misappropriation. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and M500 was cited.	M0000		
M0500	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 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	M0500		

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

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M0500	Continued from page 1 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; 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;	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to prevent the misappropriation of resident property when staff left a controlled substance unattended, resulting in (30) Hydrocodone/Acetaminophen 10-325 milligram tablets prescribed for Resident #1 being unaccounted for and lost for one (1) of four (4) residents reviewed for misappropriation/abuse. (Resident #1). Findings include: A review of the facility's "Abuse and Neglect Policy and Procedure" (undated) revealed, "…Policy: To provide a safe environment for all residents free of abuse…II. Types of Abuse…7. Misappropriation of Resident Property means 'the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent'. Examples…Missing prescription medications or diversion of a resident medications, including…limited to controlled substances..." A review of the facility's "Medication-Controlled Substances Policy and Procedure" (undated) revealed "…Procedure: 1…Only authorized licensed nursing and pharmacy personnel have access to controlled medications. 2. All controlled substances, CII-V are stored and maintained in a locked cabinet or compartment…4. Accurate accountability of the inventory of all controlled drugs is always maintained…" A record review of the facility's investigation dated 03/18/26 revealed on 03/13/26 at approximately 9:40 PM, a pharmacy courier delivered thirty (30) Hydrocodone/Acetaminophen 10-325 milligram tablets for Resident #1 to the facility with a packing slip and narcotic accountability record, which were received and signed for by Licensed Practical Nurse (LPN) #2. The investigation revealed the medication was not signed onto the narcotic accountability record and could not be located. A record review of the "Admission Record" revealed the facility admitted Resident #1 on 03/03/26 with diagnoses including Fracture of Left Femur. A record review of the Admission Minimum Data Set (MDS)	M0500		

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M0500	Continued from page 4 with an Assessment Reference Date (ARD) of 03/09/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. A record review of the “Order Summary Report” revealed a physician’s order dated 03/03/26 for Hydrocodone-Acetaminophen 10-325 milligram tablets. A record review of the “Employee Corrective Coaching Form” dated 03/14/26 for LPN #1 and LPN #2 revealed both staff received a written warning for leaving medications, including controlled substances, unattended at the nurses’ station. A record review of the “Packing Slip Proof of Delivery” revealed Hydrocodone-Acetaminophen 10-325 milligram tablets for Resident #1 were delivered on 03/13/26 at 9:47 PM and electronically signed as received by LPN #2. A record review of the “Drug Record Book” revealed Hydrocodone-Acetaminophen 10-325 milligram tablets were ordered on 03/12/26 and documented as received on 03/13/26. A record review of the “Controlled Drugs-Count Record” for March 2026 revealed Licensed Practical Nurse (LPN) #1 signed responsibility for the medication cart and controlled substances for the 7:00 AM to 3:00 PM shift on 03/13/26 and relinquished responsibility at the beginning of the 11:00 PM to 7:00 AM shift on 03/13/26. A record review of the “Package Count” for the South Hall narcotic box from 02/05/26 through 03/24/26 revealed no documentation of receipt of Hydrocodone/Acetaminophen 10-325 milligram tablets for Resident #1. On 03/25/26 at 12:29 PM, during an interview with Licensed Practical Nurse (LPN) #1, she reported receiving the blister pack of (30) Hydrocodone/Acetaminophen 10-325 milligram tablets for Resident #1 from LPN #2 and placing the medication on the nurses’ station while she left the area. LPN #1 reported the medication was left unattended and later could not be located. She acknowledged the medication should have been secured immediately. On 03/25/26 at 3:07 PM, during an interview with Licensed Practical Nurse (LPN) #2, she reported signing for the delivery of the Hydrocodone/Acetaminophen 10-325 milligram tablets for Resident #1 and transferring the medication to LPN #1. She reported	M0500		

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M0500	Continued from page 5 both nurses were in the medication room while the medication remained unattended at the nurses' station. On 03/25/26 at 4:30 PM, during an interview with the Director of Nursing (DON), she reported being notified on 03/14/26 at approximately 7:00 AM that the medication was missing. The DON reported an investigation was initiated and confirmed the medication could not be located. She reported the investigation revealed the medication had been left unattended at the nurses' station. On 03/25/26 at 4:45 PM, during an interview with the Administrator, she reported staff failed to ensure controlled medications were secured and accessible only to authorized personnel. The Administrator confirmed the facility was unable to determine the location of the missing medication. On 03/25/26 at 5:00 PM, during an interview with Resident #1, the resident reported being informed the Hydrocodone/Acetaminophen tablets delivered on 03/13/26 had been lost and was replaced by the facility.	M0500		