STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255153	A. BUILDING _____ B. WING _____	08/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF NEWTON	1009 SOUTH MAIN STREET NEWTON, MS 39345

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F 000	INITIAL COMMENTS **Amended 2567: Corrected census and licensed bed data; numbers were reversed.** The State Agency (SA) conducted an annual recertification survey and a partial extended survey for Complaint Investigation (CI) MS #16048, from 8/5/19 to 8/10/19. The SA substantiated the complaint for Resident #2, a cognitively impaired resident, with no history of sexually transmitted disease (STD), tested positive for Trichomonas, a STD. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 7/9/19, when the facility failed to protect a confused, demented resident from possible sexual abuse, failed to fully investigate how Resident #2 tested positive for Trichomonas, a STD, and failed to report to the local law enforcement regarding a possible crime being committed for sexual abuse. Resident #2 was seen at the hospital Emergency Room (ER) for shortness of breath on 7/9/19, and a urine sample tested positive for Trichomonas for Resident #2. Resident #2 had three (3) prior urinalysis results that were negative for Trichomonas, as recent as 6/20/19. The failure to fully investigate the cause for Resident #2's positive Trichomonas test, which indicated a STD, failure to protect the resident from possible further sexual abuse, and failure to notify the local law enforcement of a possible sexual crime, placed this resident and other confused, demented residents in a situation that was likely to cause serious injury, harm, impairment, or death.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/03/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 On 8/7/19 at 10:25 AM, the SA notified the facility's Administrator of the IJ and SQC. The IJ and SQC existed at: 42 CFR(s) 483.12 (a)(1)-Abuse and Neglect, F600. 42 CFR(s) 483.12 (b)(5)(i-iii)-Reporting of Reasonable Suspicion of a Crime, F608. 42 CFR(s) 483.12 (c)(2)-(4), Investigate/Prevent/Correct Alleged Violations, F610. The facility submitted a Credible Removal Plan on 8/9/19, in which the facility alleged all corrective actions to remove the IJ were completed on 8/9/19, and the IJ removed on 8/10/19. The SA validated the Action Plan on 8/10/19, and determined the IJ was removed, prior to exit. Therefore the scope and severity for 42 CFR(s) 483.12 (a)(1)-Abuse and Neglect, F600; 42 CFR(s) 483.12 (b)(5)(i-iii)-Reporting of Reasonable Suspicion of a Crime, F608; 42 CFR(s) 483.12 (c)(2)-(4), Investigate/Prevent/Correct Alleged Violations, F610, was lowered from a "J" level scope and severity to a "D" level, while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. During the survey it was determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited	F 000		

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F 000	Continued From page 2 other regulatory deficiencies at F641 and F880. The facility held a license for 120 beds, with a census of 109.	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, record review, hospital record review, hospital staff interview, facility investigation review, and facility policy review, the facility failed to investigate and put measures in place to protect residents from possible sexual abuse, when the facility was notified that Resident #2, a cognitively impaired resident, tested positive for Trichomonas, a sexually transmitted disease for one (1) of 22 residents reviewed for abuse, Resident #2. The facility's failure to protect Resident #2, and all other cognitively impaired residents, from	F 600	1. The State Agency and Attorney General Office was notified of the positive Trichomonas results on 07/09/19 by the Administrator and Director of Nursing. An interview was done with Resident #2's room mate, Resident # 74, on 07/10/19 by the Director of Nursing with no unwanted visitors no bothersome behavior or mistreatment toward them by visitors, residents or staff. An interview with Residents # 2 was done on 07/11/19 by the Director of Nursing and Administrator with negative responses in the areas of inappropriate behavior towards her from	8/28/19

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F 600	Continued From page 3 possible sexual abuse, placed Resident #2 and other residents at risk in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/9/19, when the hospital notified the facility that Resident #2 tested positive for Trichomonas, a sexually transmitted disease, and Resident #2 returned to the facility without thorough investigation or protective measures put in place. The facility's Administrator was notified of the IJ and SQC on 8/7/19, at 10:25 AM, and provided with the IJ template. An acceptable credible Removal Plan was provided by the facility on 8/9/19, in which the facility alleged all corrective actions were completed as of 8/9/19, and the IJ was removed on 8/10/19. The State Agency (SA) validated the Removal Plan and determined that the IJ was removed on 8/10/19, prior to exit. Therefore, the scope and severity for the IJ and SQC at 42 CFR (s): 483.12 (a)(1), F600, Free from Abuse and Neglect, was lowered from a scope and severity of "J" to a scope and severity of "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: The facility's "Resident Rights" policy, undated, noted the resident has the right to be free from mental and physical abuse.	F 600	others, being afraid and any unwelcome visitors. The local Police Department was nofified on 08/07/19 by the Administrator and arrived at the facility at approximately 11:05 am with no further action recommended at this time. On 08/09/19, a repeat urinalysis was done on Resident #2 the Licensed Practical Nurse and the results were negative. 2. A 100% chart audit was conducted by the Director of Nursing and Resident Care Coordinators 08/09/19 focusing on the most recent urinalysis for Trichomonas. The results of this chart audit revealed all recent urinalysis results were negative for Trichomonas. A urinalysis was done on 08/09/19 on female residents with a Brief Interview for Mental Status (BIMS) score of seven (7) or below by nursing staff and all results were negative for Trichomonas. An interview was done on 08/09/19 by Resident Care Coordinators, Licensed Practical Nurse and Social Services on residents that have a BIMS score greater than seven (7)these interviews revealed thirty (30) out of thirty (30) residents expressed no concerns related to potential sexual abuse. All residents have potential to be affected. 3. Nurses, Certified Nurses Assistants, Housekeeping staff, Laundry staff, Dietary staff, Business Office staff, Social Service staff, Activity staff, Central Supply, Medical Records and Maintenance staff were inserviced on Abuse, Neglect and Exploitation to include reporting of reasonable suspicion of a crime, by the	

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F 600	Continued From page 4 The facility's policy, "Abuse Prevention, Investigation and Reporting", dated 2/15/10, revealed the facility shall comply with all Regulations, Laws, Policies, Procedures and guidelines for prevention, investigation and reporting suspected Abuse. All employees shall report any suspected or alleged Resident mistreatment, suspicious bruising, neglect, mental or physical abuse, or injuries of unknown origin to the Nurse Supervisor or Department Head ....Appropriate action will be taken based on results of the investigation. All incidents of possible abuse will be initially investigated by the Administrator and/or designated facility staff. Review of a written complaint, reported by an outside source, on 7/10/19, revealed Resident #2 tested positive for Trichomonas on 7/9/19, and had previously tested negative for Trichomonas on 6/20/19. Record review revealed Resident #2 was transferred to the hospital on 7/9/19, for respiratory issues; and returned to the facility on 7/10/19. The Discharge Summary revealed a Diagnosis of Trichomonas Infection. The History and Hospital Course documented: "Of note, patient's UA showed evidence of Trichomonas infection. I discussed with the ID specialist, she recommended treatment and reporting the case {to} the social services for further evaluation. Patient denies sexual contact or sexual abuse of any kind..." Review of a urinalysis, for Resident #2, with a documented collection time of 7/9/19 at 04:55, revealed Rare A Trichomonas was present in the urine, with a normal reference range of "none	F 600	Staff Development Nurse beginning on 08/07/19. Employees were not allowed to work until they had been inserviced. The inservice is also given to new employees during orientation. Hourly Safety rounds that focus on New episodes of: being withdrawn, yelling, screaming, crying, fighting, expressions of fear of others, threats of suicide or self harm, problems with walking or sitting, were initiated on 08/09/19 to be done daily times one (1) months. These rounds are to be done by Nurses and Certified Nursing Assistants and any problems or concerns with these rounds are to be reported to the Nurse Supervisor immediately. 4. Documentation of these Hourly Safety Rounds are given to the Director of Nursing daily Monday through Friday to monitor for any problems or concerns noted. The results of these rounds will be brought to the Quarterly Quality Assurance Committee meeting by the Director of Nursing to evaluate the effectiveness and changes will be made as deemed necessary by the Quality Assurance Committee.	

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F 600	Continued From page 5 seen". The medical record revealed this was a catheterized specimen. A urinalysis, dated 6/20/19, revealed no Trichomonas was seen. Review of the local hospital record revealed Resident #2 received Metronidazole (Flagyl) 2000 milligrams by mouth (po) at 1:20 PM on 7/9/19, which is a treatment for Trichomonas. Record review revealed urinalysis results for Resident #2 on 6/20/19, 9/2/18, and 7/6/18, were all negative for Trichomonas. The Urinalysis result on 7/9/19, for Resident #2, tested positive for Trichomonas. In an interview on 8/5/19 at 3:32 PM, the State Epidemiologist stated that the only way to contact Trichomonas is through sexual contact. He stated based on the positive Trichomonas result for Resident #2 on 7/9/19, with a previous negative result, you had to treat the resident for Trichomonas. Interview with the Director of Nursing (DON) on 8/5/19 at 4:00 PM, revealed Resident #2 went to the hospital on 7/9/19, for respiratory issues and they diagnosed and treated her for Trichomonas. The DON confirmed the Urinalysis results from the admitting hospital on 7/9/19, showed Resident #2 tested positive for Trichomonas, and her previous urinalysis results were negative for Trichomonas, prior to 7/9/19. The DON stated she talked to Resident #2's Primary Care Physician (PCP), who is also the Medical Director, who stated Resident #2 could have had Trichomonas a long time. The DON stated she talked to Resident #2, who denied having sex with anyone, but stated Resident #2 is confused. The DON stated she talked with Resident #2's	F 600		

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F 600	Continued From page 6	F 600		

brother, the resident's Responsible Party (RP), who reported he had not been aware of Resident #2 ever having a sexually transmitted disease. The DON stated she reviewed past video footage at Resident #2's door/hallway, and there was no unusual activity noted regarding other residents visiting, and only the brother visited the resident. The DON stated there was only one (1) male nurse who worked the 11:00 PM-7:00 AM shift and one (1) male Certified Nursing Assistant (CNA) who worked the 3:00 PM-11:00 PM shift. There had been no testing of either staff member for Trichomonas. The DON stated the facility looked at abuse, because that is what you think of (with a positive Trichomonas test). The DON stated, "I don't think she was abused, but we looked at it as best we could". The DON stated if someone is positive for Trichomonas, then you look for sexual assault when the resident can't give permission. The DON stated it is against a resident's rights if they have been abused. The DON stated no other residents had tested positive for Trichomonas. She also stated there was nothing out of the ordinary when viewing the video and interactions with other residents and no male residents were paying particular attention to Resident #2. The DON stated she was not sure if there had been any abuse training after this event.

Further interview with the DON on 8/6/19 at 9:37 AM, confirmed Resident #2 had not been out on pass at any time during 2019, and as far as she could tell, had not been out in 2018. Facility letter-head documents, dated 8/6/19, and signed by the DON, reflected this data.

Interview with the Administrator on 8/6/19 at 9:42 AM, revealed the facility had not tested male staff

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F 600	Continued From page 7 for Trichomonas since Resident #2 tested positive. Interview with the DON on 8/6/19 at 10:54 AM, revealed she had initially asked the hospital to repeat a UA after the first showed Trichomonas, but the hospital did not repeat the UA. The DON stated during the investigation, some of the nurses stated Resident #2 had a foul vaginal odor, but not sure for how long. The DON stated all findings were discussed during the Quality Assurance (QA) meeting. The DON stated she requested from Resident #2's PCP to repeat the UA here at the facility, but he stated not to repeat it since Resident #2 had already been treated. A message was left on 08/06/19 at 11:46 AM, for the Hospital Laboratory (Lab) Director to return a call to the surveyor at the facility. On 08/06/19 at 11:52 AM, a call was placed to the Hospital Emergency Room (ER) to speak with the ER Nurse Manager, and no one answered the page. On 08/06/19 at 1:26 PM, interview with Registered Nurse (RN) #6, revealed she did remember Resident #2 having a foul vaginal odor at one time, and stated a UA was sent for testing. Interview with RN #1, on 08/06/19 at 1:30 PM, revealed there was only one (1) resident on the unit that was being monitored for sexual behavior, Resident #11. RN #1 stated Resident #11 would touch others and touch employees. Review of Resident #11's medical record revealed the last UA was 8/23/17, which was negative for Trichomonas. During a phone interview, on 08/06/19 at 1:51	F 600		

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F 600	Continued From page 8 PM, Certified Nursing Assistant (CNA) #2 confirmed writing a statement on 7/9/19 at 5:30 PM, regarding Resident #2 and the foul/strong vaginal odor prior to her going to the hospital in July 2019. CNA #2 stated she was not aware of any male residents paying attention to Resident #2 or being in her room. On 08/06/19 at 02:10 PM, an attempt was made to interview the Nurse Manager for the hospital ER and the ER Nurse that collected the sample of urine from Resident #2. The Nurse Manager stated that the nurse who provided care to Resident #2 was on vacation and would not be back for a couple of weeks. The Nurse Manager referred questions to the hospital Risk Management Department. Per the Risk Manager, no further interview would be allowed per advice of their legal counsel. On 08/06/19 at 2:44 PM, a phone interview with Resident #2's PCP, revealed he had been the resident's doctor for years, not just in the nursing home, and would pull her chart and return the call. In a further interview on 08/06/19 at 3:09 PM, Resident #2's PCP stated he has treated Resident #2 since 1990, and Resident #2 had never had a positive UA for Trichomonas, and had not been treated for any other Sexually Transmitted Disease (STD). He also stated there was no indication of sexual trauma when he examined her. In an interview on 08/06/19 at 3:06 PM, CNA #4 confirmed a written statement on 7/9/19, that Resident #2 previous had a strong foul odor to her vaginal area that she had not noticed before. On 08/06/19 at 04:21 PM, in an interview with the	F 600		

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F 600	Continued From page 9 DON, she stated law enforcement was not called regarding Resident #2, because they felt like there was nothing to report (no crime) after the investigation. In an interview, on 08/07/19 at 9:40 AM, the DON stated the ER Nurse had told her there was no visible signs of vaginal trauma on exam at the hospital, but no documentation was found for support. During an interview, on 08/07/19 at 10:10 AM, the Facility Administrator stated she first became aware that Resident #2 was positive for Trichomonas when the Hospital called on 7/9/19, from their Social Service Department, and notified the DON. The Administrator stated she and the DON were both responsible for conducting investigations. The Administrator stated they talked to the staff, viewed the video, talked to the Medical Director/Resident #2's PCP, and called the nurse on the floor at the hospital. The Administrator stated they talked to the ER Nurse that collected the sample of urine in the ER, and the ER nurse denied having seen any signs of bruising or trauma to Resident #2. The Administrator stated the facility requested that the hospital repeat the test, but had been told they couldn't, because the antibiotic had been started. The Administrator confirmed the AG's Office, the State Agency (SA), the Medical Director/Resident #2's PCP, and Resident #2's Responsible Party (RP) were notified, but the local law enforcement was not notified. The Administrator stated Resident #2's brother/RP denied having knowledge of Resident #2 ever being sexually abused or being positive for a sexually transmitted disease. The Administrator stated that Resident #2's PCP had said that Trichomonas	F 600		

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F 600	Continued From page 10	F 600		

could have been dormant, then all of the sudden flair up. The Administrator stated she did not call the local health department for guidance. The Administrator stated that no employees were tested at that time and no other residents were tested for Trichomonas. The Administrator stated, "We felt like it didn't happen" (no sexual assault), "so we didn't do anything else". The facility did not put any monitors in place, nor further investigate to determine the possible source of the Trichomonas for Resident #2.

In an interview, on 08/07/19 at 10:40 AM, the hospital Social Worker (SW) confirmed Resident #2 had a negative urine at the nursing home on 6/20/19, and on 7/9/19 at the hospital ER, Resident #2 tested positive for Trichomonas. The SW stated when she interviewed Resident #2, she was told by Resident #2 that she lived at home with her mother. The SW stated the resident was unable answer questions regarding any sexual activity, was confused and disoriented, and was not a reliable historian.

During a phone interview, on 08/07/19 at 02:00 PM, the Criminal Investigator for the AG's Office stated that the facility informed him that Resident #2's PCP had told them that Trichomonas can be dormant and not active and undetectable, then flair up. He also stated the facility had informed him there was no evidence of forceful sex seen for Resident #2.

Record review revealed a repeat Urinalysis for Resident #2, after antibiotic treatment, that was collected on 8/6/19 at 6:19 PM, with no Trichomonas seen.

On 08/08/19 at 10:34 AM, interview with the

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F 600	Continued From page 11 District Ombudsman revealed that she nor the local Ombudsman was aware of the incident involving Resident #2 being positive for a STD. She stated that she had not had any other complaints from other residents regarding sexual abuse. In a phone interview on 08/08/19 at 02:42 PM, the Lab Director at the Hospital reported that as advised per Risk Management, that they would be allowed to talk with the surveyor later, but "not this week", after an interview was attempted. In a post exit interview on 8/13/19 at 12:24 PM, the hospital Lab Director and Risk Manager revealed the lab reports to the doctor any unusual findings. The Lab Director confirmed a Urinalysis for Resident #2 was not repeated after the finding of Trichomonas being present on 7/9/19. The Lab Director also stated a test is either Positive or Negative, if Trichomonas was seen, then it is Positive. The Risk Manager stated as far as the hospital could tell, proper collection/labeling of the urine sample was done and the Emergency Room Nurse that collected the sample is on vacation and unavailable for interview at this time. The Risk Manager stated the Emergency Room Physician is also unavailable at this time for an interview. The facility admitted Resident #2 on 9/26/16, with the diagnoses which included, High Blood Pressure, Non-Alzheimer's Dementia, Seizure Disorder, Osteoarthritis, Non-rheumatic Aortic (Valve) Stenosis and Psychotic Disorder. The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date of 7/16/19, revealed Resident #2 scored 3 on the Brief Interview for Mental Status (BIMS), which indicated severe	F 600		

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F 600	Continued From page 12 cognitive impairment. The facility submitted an acceptable Removal Plan on 8/9/19, for the IJ. Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit. On July 9, 2019, Resident #2 was sent out to a local hospital for low Oxygen saturation. The hospital called to notify the Director of Nursing at the facility on July 9, 2019 at approximately 4:30 PM, that the resident was positive for Trichomonas. The State Agency notified the Administrator that the facility had been placed in Immediate Jeopardy at 10:25 AM, on August 7, 2019, for Failure to protect the resident due to alleged incident of abuse, Failure to report to the local law enforcement, and Failure to investigate thoroughly, once informed of the allegation and positive test results. Corrective actions: 1) An investigation was begun on July 9, 2019 at 5:00 PM, by the Administrator and the Director of Nursing. 2) A Chart review on Resident #2 occurred by the Director of Nursing on July 9, 2019 at 4:45 PM. This review included looking for previous urinalysis and review of diagnosis. It revealed that urinalysis on June 20, 2019, indicated no Trichomonas seen. 3) On July 9, 2019, at 4:50 PM, an Emergency Quality Assurance Committee Meeting was held	F 600		

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F 600	Continued From page 13 via conference call with the Medical Director, Administrator, Director of Nursing (DON), Registered Nurse/Infection Control (RN/IC) # 1, Registered Nurse (RN)# 2, and Licensed Practical Nurse (LPN)# 1. The Medical Director was made aware of reported positive test results. After the discussion of the positive Trichomonas test there were no changes made to any policies and procedures and Resident #2 would remain across from the nurse's station with door open when no care is being provided and every two (2) hour rounds would remain in place. 4) Resident #2's brother was called by the DON and Administrator on July 9, 2019 at approximately 5:15 PM, and informed that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. 5) Staff interviews began at approximately 5:30 PM on July 9, 2019, by the DON, and were completed on July 10, 2019 at approximately 5:00 PM. Six (6) interviews were conducted - Four (4) Certified Nursing Assistants (CNA), One (1) LPN and one (1) RN. Two (2) statements by CNA's indicated a foul odor was noted when changing. CNA # 3 stated: Resident #2 "does have a strong odor to her while changing, much stronger when she had a Urinary Tract Infection. She does not wet frequently". CNA #4 stated: "I've changes her once before when she wasn't my resident at the time and notice that she had a foul odor. I believe she had a UTI." During the interview the staff was asked if they had noticed any change in Resident #2's behavior. Their responses were negative. 6) Notification was made to the SA at approximately 6:00 PM on July 9, 2019, of a	F 600		

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F 600	Continued From page 14 report of Resident #2 testing positive for Trichomonas. 7) The Attorney General's office was notified via eform on July 9, 2019 at 6:10 PM, of a report of Resident #2 testing positive for Trichomonas. 8) A Review of video footage occurred on July 10, 2019, by the Administrator at approximately 9:30 AM. Coverage reviewed started at July 3, 2019 at 10:00 PM, to July 9, 2019, when she was sent out. There was no unusual visitors or suspicious activity observed during the review of the video. This video footage was the only footage available for review. 9) Resident #2 returned to the facility on July 10, 2019 at 4:45 PM. Resident #74, Resident #2's roommate, and Resident #2 were interviewed after her return. Resident #74 with a BIMS score of 14 was interviewed by the DON on July 10, 2019 at approximately 5:00 PM, and her responses indicated there were no unwanted visitors for her or her roommate and no bothersome behavior or mistreatment toward them by visitors, residents, or staff. An interview by the DON and the Administrator with Resident #2 occurred at approximately 10:00 AM on July 11, 2019, and she revealed negative responses in the areas of inappropriate behavior towards her from others, being afraid, and any unwelcome visitors. Resident #2 with a BIMS score of 3 (Brief Interview of Mental Status) stated that she was happy living here. No other Resident interviews were done at this time. 10) To protect other residents from harm, the facility provided education on July 19, 22 and July 23, 2019 on Dignity, Respect, and Abuse.	F 600		

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F 600	Continued From page 15 Nineteen (19) of 53 CNA's, nine (9) of 22 LPN's, seven (7) of nine (9) RN's, six (6) of six (6) Housekeeping, two (2) of three (3) Laundry, two (2) of two (2) Social Services, two (2) of two (2) Business Office, two (2) of four (4) Activity, ten (10) of 13 Dietary, two (2) of two (2) Floor Techs , one (1) of one (1) Central Supply, one (1) of one (1) Medical Records, zero (0) of one (1) Maintenance, one (1) of one (1) Courtyard Director, and zero (0) of three (3) Monitor Techs were trained. 11) At 10:58 AM on August 7, 2019, the local police department was called by the Administrator. They arrived at 11:05 AM to speak with the Administrator and Director of Nursing. They were provided a copy of the facility investigation and stated they would contact us on August 8, 2019, with a report and/or request for further action. 12) Education of all employees was conducted by Registered Nurse #5 beginning on August 7, 2019 at 2:30 PM, and concluded on August 8, 2019. Topics covered included: Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. The Staff educated as of August, 8 2019 at 5:00 PM are as follows: Eighteen (18) of 22 LPN's, nine (9) of nine (9) RN's, 34 of 53 CNA's, three (3) of three (3) Laundry staff, six (6) of six (6) Housekeeping staff, three (3) of four (4) Activity staff, 13 of thirteen 13 Dietary staff, two (2) of two (2) Floor Technicians, one (1) of one (1) Maintenance staff,	F 600		

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F 600	Continued From page 16 one (1) of one (1) Medical Records staff, one (1) of one (1) Central Supply staff, two (2) of two (2) Business Office staff, one (1) of one (1) Administrator, two (2) of two (2) Social Service staff, one (1) of one (1) Courtyard Director, and one (1) of three (3) Monitor Technicians. 13) No employee will be allowed to work until they are trained on Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. 14) The Facility Administrator initiated a phone conference with the Nurse Practitioner at The Office of Epidemiology, Mississippi State Department of Health, on August 7, 2019 at approximately 3:00 PM to determine what type of testing of male employees needs to be done for Trichomonas. She stated the type of test would be a urine test. 15) Testing of all male employees for Trichomonas began August 8, 2019. Ten (10) of ten (10) results have returned with negative findings. 16) Ambulatory Resident #19 was tested for Trichomonas on August 8, 2019 at approximately 1:20 PM, and the result was negative. Resident #19 was tested for Trichomonas due to having recently being observed kissing a consenting female Resident #50. Resident #19 has a BIMS score of 15 and Resident #50 has a BIMS score of 15. There were no other reports to the	F 600		

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F 600	Continued From page 17 Administrator or DON of any other male Residents exhibiting sexual behaviors or expressions between June 20, 2019 and July 9, 2019. 17) On August 9, 2019 at approximately 8:00 AM, the facility began obtaining urine samples for Trichomonas on cognitively impaired female residents with a BIMS score of 7 and below. A total of 34 female residents tested with lab results of 34 of 34 negative for Trichomonas. 18) On August 9, 2019 at approximately 8:00 AM, the facility began obtaining urine samples for Trichomonas on all male residents that are ambulatory and/or able to transfer in or out of a wheelchair without assistance. A total of 21 male residents tested with lab results of 21 of 21 negative for Trichomonas. 19) A 100% chart audit was conducted on August 9, 2019, which focused on the most recent urinalysis and diagnosis review. The chart audit revealed no diagnosis of Trichomonas and no urinalysis results were positive for Trichomonas. 20) On August 9, 2019 at approximately 2:30 PM cognitive female Residents with a BIMS score of 8 and above were interview by RN/IC #1, RN #2, Social Service Assistant and the Courtyard Director. These interviews revealed 30 of 30 residents expressed no concerns related to potential sexual abuse. 21) The QA Committee recommended a revision of the Hourly Resident Safety Rounds documentation form that was implemented August 9, 2019 at 4:00 PM, to protect Residents from sexual abuse. The QA Committee met on	F 600		

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F 600	Continued From page 18 August 9, 2019 at 4:00 PM, with the Medical Director (per phone), Administrator, DON, RN/IC #1. RN #2 and LPN #1 in attendance. The facility asserts that the likelihood of serious harm in this matter will be removed effective August 10, 2019. The State Agency (SA) validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ. 1. The SA validated through interviews and record review the facility conducted an investigation which began on July 9, 2019 by the Administrator and the Director of Nursing. 2. The SA validated by interviews and record review a chart review on Resident #2 occurred by the Director of Nursing on July 9, 2019. This review included looking for previous urinalysis and review of diagnosis. Interview with the DON revealed the urinalysis on June 20, 2019, indicated no Trichomonas seen. 3. The SA validated by interviews and sign in sheets on July 9, 2019, that an Emergency Quality Assurance Committee Meeting was held via conference call with the Medical Director, Administrator, Director of Nursing (DON), Registered Nurse/Infection Control (RN/IC) # 1, Registered Nurse (RN)# 2, and Licensed Practical Nurse(LPN)# 1. Interview revealed the Medical Director was made aware of reported positive test results, no changes were made to any policies and procedures and Resident #2 would remain across from the nurse's station with door open when no care is being provided and every two (2) hour rounds would remain in place.	F 600		

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F 600	Continued From page 19 4. The SA validated through interviews that Resident #2's brother was called by the DON and Administrator on July 9, 2019, and informed that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. 5. The SA validated through interviews and record reviews that the facility began staff interviews on July 9, 2019, by the DON and were completed on July 10, 2019. Documentation included six (6) interviews were conducted - Four (4) Certified Nursing Assistants (CNA), One (1) LPN and one (1) RN. Two (2) statements by CNA's indicated a foul odor was noted when changing. CNA #3's documented statement: Resident #2 "does have a strong odor to her while changing, much stronger when she had a Urinary Tract Infection. She does not wet frequently". CNA #4's documented statement: "I've changes her once before when she wasn't my resident at the time and notice that she had a foul odor. I believe she had a UTI." Staff had not noticed any change in Resident #2's behavior. 6. The SA validated through record review and interview that the facility notified the SA on July 9, 2019 of a report of Resident #2 testing positive for Trichomonas. 7. The SA validated through interviews and record review the facility notified the Attorney General's office via eform on July 9, 2019, of a report of Resident #2 testing positive for Trichomonas. 8. The SA validated through interviews and facility investigation review that the facility reviewed the video footage on July 10, 2019 by	F 600		

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F 600	Continued From page 20	F 600		

the Administrator, covering July 3, 2019 at 10:00 PM to July 9, 2019, when the resident was sent out. Interview with the Administrator revealed there was no unusual visitors or suspicious activity observed during the review of the video.

9. The SA validated documentation that Resident #2 returned to the facility on July 10, 2019 at 4:45 PM. Interview with administrative staff revealed Resident #74, Resident #2's roommate, and Resident #2 were interviewed after her return. Resident #74 with a BIMS score of 14 was interviewed by the DON on July 10, 2019, and her responses indicated there were no unwanted visitors for her or her roommate and no bothersome behavior or mistreatment toward them by visitors, residents, or staff. An interview with the DON and the Administrator revealed interviews with Resident #2 occurred at approximately 10:00 am on July 11, 2019, and she revealed negative responses in the areas of inappropriate behavior towards her from others, being afraid, and any unwelcome visitors. Resident #2 with a BIMS score of 3 (Brief Interview of Mental Status) stated that she was happy living here. Interview with the Administrator and DON validated that no other Resident interviews were done at this time.

10. The SA validated through interviews, sign-in sheets, and record review, that the facility provided education on July 19, 22 and July 23, 2019 on Dignity, Respect, and Abuse, with staff attendance by signature.

11. The SA validated through interview with the Administrator that on August 7, 2019, the local police department was notified, and came to the facility. They were provided a copy of facility

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F 600	Continued From page 21 investigation and stated they would contact the facility with a report and/or request for further action. 12. The SA validated through interview, sign-in sheets, and record review, that education of all employees was conducted by Registered Nurse #5 beginning on August 7, 2019 and concluding on August 8, 2019. Topics covered included: Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. The SA validated that all staff were educated as of August, 8, 2019. 13. The SA validated through interviews that no employee was allowed to work until they were trained on Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. 14. The SA validated by interview with the Administrator, that the Facility Administrator initiated a phone conference with the Nurse Practitioner at The Office of Epidemiology, Mississippi State Department of Health, on August 7, 2019 to determine what type of testing of male employees needs to be done for Trichomonas and was informed the type of test would be a urine test.	F 600		

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F 600	Continued From page 22 15. The SA validated by record review and interviews that the facility initiated testing of all male employees for Trichomonas beginning August 8, 2019, and ten (10) of ten (10) results returned with negative findings. 16. The SA validated by record review and interviews that the facility tested Ambulatory Resident #19 for Trichomonas on August 8, 2019, with a negative result. Interview with administrative staff revealed there were no other reports of any other male Residents exhibiting sexual behaviors or expressions between June 20, 2019 and July 9, 2019. 17. The SA validated by interviews and record review that on August 9, 2019, the facility began obtaining urine samples for Trichomonas on cognitively impaired female residents with a BIMS score of 7 and below. A total of 34 female residents tested with lab results negative for Trichomonas. 18. The SA validated by interviews that on August 9, 2019, the facility began obtaining urine samples for Trichomonas on all male residents that are ambulatory and/or able to transfer in or out of a wheelchair without assistance. A total of 21 male residents tested with lab results negative for Trichomonas. 19. The SA validated through interviews and record reviews that the facility conducted 100% chart audit on August 9, 2019, which focused on the most recent urinalysis and diagnosis review. The chart audit revealed no diagnosis of Trichomonas and no urinalysis results were positive for Trichomonas.	F 600		

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F 600	Continued From page 23 20. The SA validated by interviews that on August 9, 2019, cognitive female Residents with a BIMS score of 8 and above were interview by RN/IC #1, RN #2, Social Service assistant and the Courtyard Director. These interviews revealed 30 of 30 residents expressed no concerns related to potential sexual abuse. 21. The SA validated through interviews and sign-in sheets that the QA Committee recommended a revision of the Hourly Resident Safety Rounds documentation form that was implemented August 9, 2019, to protect Residents from sexual abuse. Interview validated that the QA Committee met on August 9, 2019 at 4:00 PM with the Medical Director (per phone), Administrator, DON, RN/IC #1. RN #2 and LPN #1 in attendance. The SA validated that all corrective actions were completed as of 8/9/19, and the IJ was removed on 8/10/19.	F 600		
F 608 SS=J	Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. (i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.	F 608		8/28/19

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F 608	Continued From page 24 (A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility. (B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. (ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. (iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility investigation review, and facility policy review, the facility failed to notify the local law enforcement of possible sexual abuse crime when Resident #2, a cognitively impaired resident, tested positive for Trichomonas, a sexually transmitted disease, for one (1) of 22 residents reviewed for reporting abuse. Resident #2. The facility's failure to report to the local law enforcement of a possible sexual crime, when it was reported to the facility by the hospital, on 7/9/19, that Resident #2 tested positive for Trichomonas, a sexually transmitted disease, placed Resident #2 and other residents at risk in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care	F 608	1. The State Agency and Attorney General Office was notified of the positive Trichomonas results on 07/09/19 by the Administrator and Director of Nursing. An interview was done with Resident #2's room mate, Resident # 74, on 07/10/19 by the Director of Nursing with no unwanted visitors no bothersome behavior or mistreatment toward them by visitors, residents or staff. An interview with Residents # 2 was done on 07/11/19 by the Director of Nursing and Administrator with negative responses in the areas of inappropriate behavior towards her from others, being afraid and any unwelcome visitors. The local Police Department was nofified on 08/07/19 by the Administrator and arrived at the facility at approximately 11:05 am with no further action recommended at this time. On 08/09/19, a	

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F 608	Continued From page 25 (SQC), which began on 7/9/19, when the hospital notified the facility that Resident #2 tested positive for Trichomonas, a sexually transmitted disease, and the facility failed to notify local law enforcement of a possible sex crime. The facility's Administrator was notified of the IJ and SQC on 8/7/19 at 10:25 AM, and provided with the IJ template. An acceptable credible Removal Plan was provided by the facility on 8/9/19, in which the facility alleged all corrective actions were completed as of 8/9/19, and the IJ was removed on 8/10/19. The State Agency (SA) validated the Removal Plan and determined that the IJ was removed on 8/10/19, prior to exit. Therefore, the scope and severity for the IJ and SQC at 42 CFR (s): 483.12 (b)(5)(i-iii)-F608, Reporting of Reasonable Suspicion of a Crime, was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: The facility's policy, "Abuse Prevention, Investigation and Reporting", undated, revealed the facility shall comply with all Regulations, Laws, Policies, Procedures and guidelines for prevention, investigation and reporting suspected Abuse. This policy noted the facility would report all reportable incidents to the local law enforcement pursuant to the Elder Justice Act of 2010. Review of the facility invession report, dated 7/12/19, revealed the facility was notified that	F 608	repeat urinalysis was done on Resident #2 the Licensed Practical Nurse and the results were negative. 2. A 100% chart audit was conducted by the Director of Nursing and Resident Care Coordinators 08/09/19 focusing on the most recent urinalysis for Trichomonas. The results of this chart audit revealed all recent urinalysis results were negative for Trichomonas. A urinalysis was done on 08/09/19 on female residents with a Brief Interview for Mental Status (BIMS) score of seven (7) or below by nursing staff and all results were negative for Trichomonas. An interview was done on 08/09/19 by Resident Care Coordinators, Licensed Practical Nurse and Social Services on residents that have a BIMS score greater than seven (7)these interviews revealed thirty (30) out of thirty (30) residents expressed no concerns related to potential sexual abuse. All residents have potential to be affected. 3. Nurses, Certified Nurses Assistants, Housekeeping staff, Laundry staff, Dietary staff, Business Office staff, Social Service staff, Activity staff, Central Supply, Medical Records and Maintenance staff were inserviced on Abuse, Neglect and Exploitation to include reporting of reasonable suspicion of a crime, by the Staff Development Nurse beginning on 08/07/19. Employees were not allowed to work until they had been inserviced. The inservice is also given to new employees during orientation. Hourly Safety rounds that focus on New	

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F 608	Continued From page 26 Resident #2 was diagnosed with Trichomonas Infection on 7/9/19, after she was sent to the local hospital. There was no documentation that the facilty notified local law enforcement of a possible sexual crime, related to a resident who tested possitive for a sexually transmitted disease, who had no history of the disease. Resident #2 was cognitively impaired and unable to give consent for sexual relations. Review of a hospital Discharge Summary, dated 7/10/19, revealed Resident #2 had a Diagnosis of Trichomonas Infection. Review of a urinalysis for Resident #2, with a documented collection time of 7/9/19 at 04:55, revealed Rare A Trichomonas was present in Resident #2's urine, with a normal reference range of "none seen". A comparative finding of a urinalysis for Resident #2, dated 6/20/19, revealed no Trichomonas was seen. During the interview with the State Epidemiologist on 8/5/19 at 03:32 PM, he stated based on the previous negative urine results for Resident #2, and then a positive result for Trichomonas was determined on 7/9/19, you would have to treat it as Trichomonas. He stated that the only way to contact Trichomonas is through sexual contact. In an interview with the Director of Nursing (DON) on 8/5/19 at 4:00 PM, she stated that Resident #2 was diagnosed with Trichomonas on 7/9/19, when she was transferred to the hospital with shortness of breath. The DON stated she talked to the Attorney General's (AG)'s office, the facility looked at possible abuse, because that is what you think of when a resident suddenly becomes positive for a sexually transmitted disease. The	F 608	episodes of: being withdrawn, yelling, screaming, crying, fighting, expressions of fear of others, threats of suicide or self harm, problems with walking or sitting, were initiated on 08/09/19 to be done daily times one (1) months. These rounds are to be done by Nurses and Certified Nursing Assistants and any problems or concerns with these rounds are to be reported to the Nurse Supervisor immediately. 4. Documentation of these Hourly Safety Rounds are given to the Director of Nursing daily Monday through Friday to monitor for any problems or concerns noted. The results of these rounds will be brought to the Quarterly Quality Assurance Committee meeting by the Director of Nursing to evaluate the effectiveness and changes will be made as deemed necessary by the Quality Assurance Committee.	

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F 608	Continued From page 27 DON stated, "I don't think she was abused, but we looked at it as best we could". The DON stated if someone is positive for Trichomonas, and the resident can't give permission, then you look for sexual assault. The DON stated the facility reported this to the family, the AG's office, and the State Agency (SA) hotline, but did not include the local Law Enforcement. During an interview on 8/6/19 at 9:37 AM, the DON stated that Resident #2 had not been out on pass in 2018 or 2019. Interview with the DON on 8/6/19 at 10:54 AM, revealed she spoke with the AG's office on the phone, but the local Law Enforcement had not been notified. Further interview with the DON on 08/06/19 at 4:21 PM, revealed law enforcement was not called regarding Resident #2, because they felt like there was nothing to report (no crime) after the investigation. On 08/07/19 10:10 AM, the Administrator confirmed the Attorney General's (AG's) Office, the State Agency (SA), the Medical Director/Resident #2's PCP and Resident #2's Responsible Party (RP) were notified of Resident #2's positive test for Trichomonas, but the local police was not notified. The Administrator stated, "We felt like it didn't happen" (no sexual assault), "so we didn't do anything else". The facility admitted Resident #2 on 9/26/16, with the diagnoses which included, Osteoarthritis, Hypertension (High Blood Pressure), Non-Alzheimer's Dementia, Seizure Disorder, Non-rheumatic Aortic (Valve) Stenosis and Psychotic Disorder. The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date	F 608		

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F 608	Continued From page 28 of 7/16/19, revealed Resident #2 scored a 3 on the Brief Interview for Mental Status (BIMS), which indicated Resident #2 was severely cognitively impaired. The facility submitted an acceptable Removal Plan on 8/9/19, for the IJ. Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit. On July 9, 2019, Resident #2 was sent out to a local hospital for low Oxygen saturation. The hospital called to notify the Director of Nursing at the facility on July 9, 2019 at approximately 4:30 PM, that the resident was positive for Trichomonas. The State Agency notified the Administrator that the facility had been placed in Immediate Jeopardy at 10:25 AM, on August 7, 2019, for Failure to protect the resident due to alleged incident of abuse, Failure to report to the local law enforcement, and Failure to investigate thoroughly, once informed of the allegation and positive test results. Corrective actions: 1) An investigation was begun on July 9, 2019 at 5:00 PM, by the Administrator and the Director of Nursing. 2) A Chart review on Resident #2 occurred by the Director of Nursing on July 9, 2019 at 4:45 PM. This review included looking for previous urinalysis and review of diagnosis. It revealed that urinalysis on June 20, 2019, indicated no Trichomonas seen.	F 608		

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F 608	Continued From page 29 3) On July 9, 2019, at 4:50 PM, an Emergency Quality Assurance Committee Meeting was held via conference call with the Medical Director, Administrator, Director of Nursing (DON), Registered Nurse/Infection Control (RN/IC) # 1, Registered Nurse (RN)# 2, and Licensed Practical Nurse (LPN)# 1. The Medical Director was made aware of reported positive test results. After the discussion of the positive Trichomonas test there were no changes made to any policies and procedures and Resident #2 would remain across from the nurse's station with door open when no care is being provided and every two (2) hour rounds would remain in place. 4) Resident #2's brother was called by the DON and Administrator on July 9, 2019 at approximately 5:15 PM, and informed that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. 5) Staff interviews began at approximately 5:30 PM on July 9, 2019, by the DON, and were completed on July 10, 2019 at approximately 5:00 PM. Six (6) interviews were conducted - Four (4) Certified Nursing Assistants (CNA), One (1) LPN and one (1) RN. Two (2) statements by CNA's indicated a foul odor was noted when changing. CNA # 3 stated: Resident #2 "does have a strong odor to her while changing, much stronger when she had a Urinary Tract Infection. She does not wet frequently". CNA #4 stated: "I've changes her once before when she wasn't my resident at the time and notice that she had a foul odor. I believe she had a UTI." During the interview the staff was asked if they had noticed any change in Resident #2's behavior. Their responses were negative.	F 608		

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F 608	Continued From page 30 6) Notification was made to the SA at approximately 6:00 PM on July 9, 2019, of a report of Resident #2 testing positive for Trichomonas. 7) The Attorney General's office was notified via eform on July 9, 2019 at 6:10 PM, of a report of Resident #2 testing positive for Trichomonas. 8) A Review of video footage occurred on July 10, 2019, by the Administrator at approximately 9:30 AM. Coverage reviewed started at July 3, 2019 at 10:00 PM, to July 9, 2019, when she was sent out. There was no unusual visitors or suspicious activity observed during the review of the video. This video footage was the only footage available for review. 9) Resident #2 returned to the facility on July 10, 2019 at 4:45 PM. Resident #74, Resident #2's roommate, and Resident #2 were interviewed after her return. Resident #74 with a BIMS score of 14 was interviewed by the DON on July 10, 2019 at approximately 5:00 PM, and her responses indicated there were no unwanted visitors for her or her roommate and no bothersome behavior or mistreatment toward them by visitors, residents, or staff. An interview by the DON and the Administrator with Resident #2 occurred at approximately 10:00 AM on July 11, 2019, and she revealed negative responses in the areas of inappropriate behavior towards her from others, being afraid, and any unwelcome visitors. Resident #2 with a BIMS score of 3 (Brief Interview of Mental Status) stated that she was happy living here. No other Resident interviews were done at this time.	F 608		

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F 608	Continued From page 31 10) To protect other residents from harm, the facility provided education on July 19, 22 and July 23, 2019 on Dignity, Respect, and Abuse. Nineteen (19) of 53 CNA's, nine (9) of 22 LPN's, seven (7) of nine (9) RN's, six (6) of six (6) Housekeeping, two (2) of three (3) Laundry, two (2) of two (2) Social Services, two (2) of two (2) Business Office, two (2) of four (4) Activity, ten (10) of 13 Dietary, two (2) of two (2) Floor Techs , one (1) of one (1) Central Supply, one (1) of one (1) Medical Records, zero (0) of one (1) Maintenance, one (1) of one (1) Courtyard Director, and zero (0) of three (3) Monitor Techs were trained. 11) At 10:58 AM on August 7, 2019, the local police department was called by the Administrator. They arrived at 11:05 AM to speak with the Administrator and Director of Nursing. They were provided a copy of the facility investigation and stated they would contact us on August 8, 2019, with a report and/or request for further action. 12) Education of all employees was conducted by Registered Nurse #5 beginning on August 7, 2019 at 2:30 PM, and concluded on August 8, 2019. Topics covered included: Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. The Staff educated as of August, 8 2019 at 5:00 PM are as follows: Eighteen (18) of 22 LPN's, nine (9) of nine (9) RN's, 34 of 53 CNA's, three (3) of three (3) Laundry staff, six (6) of six (6) Housekeeping	F 608		

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F 608	Continued From page 32 staff, three (3) of four (4) Activity staff, 13 of thirteen 13 Dietary staff, two (2) of two (2) Floor Technicians, one (1) of one (1) Maintenance staff, one (1) of one (1) Medical Records staff, one (1) of one (1) Central Supply staff, two (2) of two (2) Business Office staff, one (1) of one (1) Administrator, two (2) of two (2) Social Service staff, one (1) of one (1) Courtyard Director, and one (1) of three (3) Monitor Technicians. 13) No employee will be allowed to work until they are trained on Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. 14) The Facility Administrator initiated a phone conference with the Nurse Practitioner at The Office of Epidemiology, Mississippi State Department of Health, on August 7, 2019 at approximately 3:00 PM to determine what type of testing of male employees needs to be done for Trichomonas. She stated the type of test would be a urine test. 15) Testing of all male employees for Trichomonas began August 8, 2019. Ten (10) of ten (10) results have returned with negative findings. 16) Ambulatory Resident #19 was tested for Trichomonas on August 8, 2019 at approximately 1:20 PM, and the result was negative. Resident #19 was tested for Trichomonas due to having recently being observed kissing a consenting	F 608		

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F 608	Continued From page 33 female Resident #50. Resident #19 has a BIMS score of 15 and Resident #50 has a BIMS score of 15. There were no other reports to the Administrator or DON of any other male Residents exhibiting sexual behaviors or expressions between June 20, 2019 and July 9, 2019. 17) On August 9, 2019 at approximately 8:00 AM, the facility began obtaining urine samples for Trichomonas on cognitively impaired female residents with a BIMS score of 7 and below. A total of 34 female residents tested with lab results of 34 of 34 negative for Trichomonas. 18) On August 9, 2019 at approximately 8:00 AM, the facility began obtaining urine samples for Trichomonas on all male residents that are ambulatory and/or able to transfer in or out of a wheelchair without assistance. A total of 21 male residents tested with lab results of 21 of 21 negative for Trichomonas. 19) A 100% chart audit was conducted on August 9, 2019, which focused on the most recent urinalysis and diagnosis review. The chart audit revealed no diagnosis of Trichomonas and no urinalysis results were positive for Trichomonas. 20) On August 9, 2019 at approximately 2:30 PM cognitive female Residents with a BIMS score of 8 and above were interview by RN/IC #1, RN #2, Social Service Assistant and the Courtyard Director. These interviews revealed 30 of 30 residents expressed no concerns related to potential sexual abuse. 21) The QA Committee recommended a revision of the Hourly Resident Safety Rounds	F 608		

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documentation form that was implemented August 9, 2019 at 4:00 PM, to protect Residents from sexual abuse. The QA Committee met on August 9, 2019 at 4:00 PM, with the Medical Director (per phone), Administrator, DON, RN/IC #1. RN #2 and LPN #1 in attendance.

The facility asserts that the likelihood of serious harm in this matter will be removed effective August 10, 2019.

The State Agency (SA) validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ.

1. The SA validated through interviews and record review the facility conducted an investigation which began on July 9, 2019 by the Administrator and the Director of Nursing.

2. The SA validated by interviews and record review a chart review on Resident #2 occurred by the Director of Nursing on July 9, 2019. This review included looking for previous urinalysis and review of diagnosis. Interview with the DON revealed the urinalysis on June 20, 2019, indicated no Trichomonas seen.

3. The SA validated by interviews and sign in sheets on July 9, 2019, that an Emergency Quality Assurance Committee Meeting was held via conference call with the Medical Director, Administrator, Director of Nursing (DON), Registered Nurse/Infection Control (RN/IC) # 1, Registered Nurse (RN)# 2, and Licensed Practical Nurse(LPN)# 1. Interview revealed the Medical Director was made aware of reported positive test results, no changes were made to any policies and procedures and Resident #2

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F 608	Continued From page 35 would remain across from the nurse's station with door open when no care is being provided and every two (2) hour rounds would remain in place. 4. The SA validated through interviews that Resident #2's brother was called by the DON and Administrator on July 9, 2019, and informed that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. 5. The SA validated through interviews and record reviews that the facility began staff interviews on July 9, 2019, by the DON and were completed on July 10, 2019. Documentation included six (6) interviews were conducted - Four (4) Certified Nursing Assistants (CNA), One (1) LPN and one (1) RN. Two (2) statements by CNA's indicated a foul odor was noted when changing. CNA #3's documented statement: Resident #2 "does have a strong odor to her while changing, much stronger when she had a Urinary Tract Infection. She does not wet frequently". CNA #4's documented statement: "I've changes her once before when she wasn't my resident at the time and notice that she had a foul odor. I believe she had a UTI." Staff had not noticed any change in Resident #2's behavior. 6. The SA validated through record review and interview that the facility notified the SA on July 9, 2019 of a report of Resident #2 testing positive for Trichomonas. 7. The SA validated through interviews and record review the facility notified the Attorney General's office via eform on July 9, 2019, of a report of Resident #2 testing positive for Trichomonas.	F 608		

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BEDFORD CARE CENTER OF NEWTON	1009 SOUTH MAIN STREET NEWTON, MS 39345

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F 608	Continued From page 36 8. The SA validated through interviews and facility investigation review that the facility reviewed the video footage on July 10, 2019 by the Administrator, covering July 3, 2019 at 10:00 PM to July 9, 2019, when the resident was sent out. Interview with the Administrator revealed there was no unusual visitors or suspicious activity observed during the review of the video. 9. The SA validated documentation that Resident #2 returned to the facility on July 10, 2019 at 4:45 PM. Interview with administrative staff revealed Resident #74, Resident #2's roommate, and Resident #2 were interviewed after her return. Resident #74 with a BIMS score of 14 was interviewed by the DON on July 10, 2019, and her responses indicated there were no unwanted visitors for her or her roommate and no bothersome behavior or mistreatment toward them by visitors, residents, or staff. An interview with the DON and the Administrator revealed interviews with Resident #2 occurred at approximately 10:00 am on July 11, 2019, and she revealed negative responses in the areas of inappropriate behavior towards her from others, being afraid, and any unwelcome visitors. Resident #2 with a BIMS score of 3 (Brief Interview of Mental Status) stated that she was happy living here. Interview with the Administrator and DON validated that no other Resident interviews were done at this time. 10. The SA validated through interviews, sign-in sheets, and record review, that the facility provided education on July 19, 22 and July 23, 2019 on Dignity, Respect, and Abuse, with staff attendance by signature. 11. The SA validated through interview with the	F 608		

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F 608	Continued From page 37 Administrator that on August 7, 2019, the local police department was notified, and came to the facility. They were provided a copy of facility investigation and stated they would contact the facility with a report and/or request for further action. 12. The SA validated through interview, sign-in sheets, and record review, that education of all employees was conducted by Registered Nurse #5 beginning on August 7, 2019 and concluding on August 8, 2019. Topics covered included: Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. The SA validated that all staff were educated as of August, 8, 2019. 13. The SA validated through interviews that no employee was allowed to work until they were trained on Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. 14. The SA validated by interview with the Administrator, that the Facility Administrator initiated a phone conference with the Nurse Practitioner at The Office of Epidemiology, Mississippi State Department of Health, on August 7, 2019 to determine what type of testing	F 608		

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F 608	Continued From page 38 of male employees needs to be done for Trichomonas and was informed the type of test would be a urine test. 15. The SA validated by record review and interviews that the facility initiated testing of all male employees for Trichomonas beginning August 8, 2019, and ten (10) of ten (10) results returned with negative findings. 16. The SA validated by record review and interviews that the facility tested Ambulatory Resident #19 for Trichomonas on August 8, 2019, with a negative result. Interview with administrative staff revealed there were no other reports of any other male Residents exhibiting sexual behaviors or expressions between June 20, 2019 and July 9, 2019. 17. The SA validated by interviews and record review that on August 9, 2019, the facility began obtaining urine samples for Trichomonas on cognitively impaired female residents with a BIMS score of 7 and below. A total of 34 female residents tested with lab results negative for Trichomonas. 18. The SA validated by interviews that on August 9, 2019, the facility began obtaining urine samples for Trichomonas on all male residents that are ambulatory and/or able to transfer in or out of a wheelchair without assistance. A total of 21 male residents tested with lab results negative for Trichomonas. 19. The SA validated through interviews and record reviews that the facility conducted 100% chart audit on August 9, 2019, which focused on the most recent urinalysis and diagnosis review.	F 608		

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F 608	Continued From page 39 The chart audit revealed no diagnosis of Trichomonas and no urinalysis results were positive for Trichomonas. 20. The SA validated by interviews that on August 9, 2019, cognitive female Residents with a BIMS score of 8 and above were interview by RN/IC #1, RN #2, Social Service assistant and the Courtyard Director. These interviews revealed 30 of 30 residents expressed no concerns related to potential sexual abuse. 21. The SA validated through interviews and sign-in sheets that the QA Committee recommended a revision of the Hourly Resident Safety Rounds documentation form that was implemented August 9, 2019, to protect Residents from sexual abuse. Interview validated that the QA Committee met on August 9, 2019 at 4:00 PM with the Medical Director (per phone), Administrator, DON, RN/IC #1. RN #2 and LPN #1 in attendance. The SA validated that all corrective actions were completed as of 8/9/19, and the IJ was removed on 8/10/19.	F 608		
F 610 SS=J	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the	F 610		8/28/19

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F 610	Continued From page 40 investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility investigation review, and facility policy review, the facility failed to conduct a thorough investigation for possible sexual abuse, when Resident #2, a cognitively impaired resident, with no history of Trichomonas, tested positive for Trichomonas (a sexually transmitted disease), for one (1) of 22 residents reviewed for investigating abuse, Resident #2. The facility's failure to conduct a thorough investigation put Resident #2, and all other cognitively impaired residents at risk for possible sexual abuse, when it was reported to the facility by the hospital, on 7/9/19, that Resident #2 tested positive for Trichomonas. This placed Resident #2 and other residents at risk in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/9/19, when the hospital notified the facility that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. The facility's Administrator was notified of the IJ and SQC on 8/7/19 at 10:25 AM, and provided with the IJ template. An acceptable credible Removal Plan was provided by the	F 610	1. On 07/09/19, the State Agency and the Attorney General Office was notified by the Administrator and Director of Nursing of the positive Trichamonas results. On 07/09/19 a Quality Assurance meeting was conducted with the Administrator, Director of Nursing, Resident Care Coordinator, Licensed Practical Nurse #1, Infection Control nurse and the Medical Director (by phone) to discuss the positive Trichamonas results, there we no recommended changes to policies and procedures and the Committee agreed to let the resident remain in the room across from the nurse station with the door open when no care is being provided and every (2)two hour rounds would remain in place. Video footage of Resident #2 doorway was reviewed by the Director of Nursing and the Administrator on 07/10/19 and no suspicious activity was noted. Resident #2 and Resident #74 (Resident #2s roommate) were interviewed by the Director of Nursing on 07/10/19 with negative findings. The Local Police Department was notified by the Administrator on 08/07/19 and arrived at the facility at approximately 11:05 am with	

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F 610	Continued From page 41 facility on 8/9/19, in which the facility alleged all corrective actions were completed as of 8/9/19, and the IJ was removed on 8/10/19. The State Agency (SA) validated the Removal Plan and determined that the IJ was removed on 8/10/19, prior to exit. Therefore, the scope and severity for the IJ and SQC at 42 CFR(s) 483.12 (c)(2-4)-F610, Investigate/Prevent/Correct Alleged Violations, was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: The facility's policy, "Abuse Prevention, Investigation and Reporting", undated, revealed the facility shall comply with all Regulations, Laws, Policies, Procedures and guidelines for prevention, investigation and reporting suspected Abuse. Review of a written complaint, reported by an outside source, on 7/10/19, revealed Resident #2 tested positive for Trichomonas on 7/9/19, and had previously tested negative for Trichomonas on 6/20/19. Record review revealed Urinalysis results for Resident #2 on 6/20/19, 9/2/18, and 7/6/18, tested negative for Trichomonas. A review of the Urinalysis result on 7/9/19, for Resident #2, tested positive for Trichomonas. Review of the documented facility investigation, dated 7/12/19, revealed the facility was notified that Resident #2 was diagnosed with	F 610	no further action recommended at this time. On 08/09/19 a repeat urinalysis was done on Resident #2 by the Licensed Practical Nurse and the results were negative. 2. A 100% chart audit was conducted focusing on the most recent urinalysis for Trichomonas. The results of this chart audit revealed all recent urinalysis results were negative for Trichomonas. A urinalysis was done on 08/09/19 on female residents with a Brief Interview for Mental Status (BIMS) score of seven (7) or below by nursing staff and all results were negative for Trichomonas. An interview was done on 08/09/19 on female residents with a BIMS score of eight (8) and above by Resident Care Coordinators, License Practical Nurse and Social Services, these interviews revealed thirty (30) our of thirty (30) residents expressed no concerns related to sexual abuse. All residents have potential to be affected. 3. Nurses, Certified Nursing Assistants, Housekeeping staff, Laundry Staff, Business Office Staff, Social Service Staff, Activity staff, Central Supply, Medical Records and Maintenance staff were inserviced on Abuse, Neglect and Exploitation to include investigation and who is responsible for reporting by the Staff Development Nurse beginning on 08/07/19 employees were not allowed to work until there were inserviced. The inservice is also given to new employees during orientation.	

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F 610	Continued From page 42 Trichomonas Infection on 7/9/19, after she was sent to the local hospital. There was no documentation that the facilty notified local law enforcement of a possible sexual crime, no documentation that Resident #2 was placed on close observation after return from the hospital, no documentation that other residents/staff were tested or reviewed for sexually transmitted diseases, and no documentation that all staff were educated for investigating allegations of abuse related to a positive result of a sexually transmitted disease (STD). Resident #2 was cognitively impaired and unable to give consent for sexual relations. In an interview on 8/5/19 at 4:00 PM, the Director of Nursing (DON) confirmed that Resident #2 was transferred to the hospital on 7/9/19, for shortness of breath and when a urinalysis was done, it showed a positive result for Trichomonas, a sexually transmitted disease. The DON confirmed Resident #2's previous urinalysis results were negative for Trichomonas. The DON stated when she spoke with Resident #2's Primary Care Physician (PCP), he stated that Resident #2 could have had Trichomonas a long time. The DON also stated when she talked to Resident #2, she denied having sex with anyone, but confirmed Resident #2 is confused and not a good historian. The DON stated Resident #2's brother, the Responsible Party (RP), reported he had not been aware of Resident #2 ever having a sexually transmitted disease or Trichomonas. The DON stated the facility considered abuse, because that is what you think of with a sexually transmitted disease of a cognitively impaired resident. The DON stated, "I don't think she was abused, but we looked at it as best we could". The DON said if someone is positive for	F 610	Hourly Safety Rounds that focus on New episoses of: being withdrawn, yelling, screaming, crying, fighting, expression of fear of others, threats of suicide or self harm, problems with walking or sitting, were initiated on 08/09/19 to be done daily times one (1) month. These rounds are to be done by the Certified Nursing Assistants and Nurses and any problems or concerns with these rounds are to be reported to the Nurse Supervisor immediately. 4. Documentation of these hourly safety rounds are given to the Director of Nursing daily Monday through Friday to monitor any problems or concerns. The results of these rounds will be brought to the Quarterly Quality Assurance Meeting by the Director of Nursing to evaluate the effectiveness and changes will be made as deemed necessary by the Quality Assurance Committee.	

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F 610	Continued From page 43 Trichomonas, then you look for sexual assault when they can't give permission. In an interview on 08/06/19 at 03:09 PM, Resident #2's Physician stated he had been Resident #2's physician since 1990, and Resident #2 had not ever had a positive UA for Trichomonas, and had not been treated for any other Sexually Transmitted Disease (STD). He stated Resident #2 had no indication of sexual trauma. On 08/07/19 at 9:40 AM, interview with the DON revealed that in the verbal hospital report, the ER Nurse told her there was no visible signs of vaginal trauma on exam, but there was no documentation found in the record. On 08/07/19 at 10:10 AM, interview with the Facility Administrator revealed she first became aware that Resident #2 was positive for Trichomonas when the Hospital called on 7/9/19, from their Social Service Department and reported it to the DON. The Administrator stated she and the DON are both responsible for conducting the investigation. The Administrator stated they talked to the staff, viewed the video, talked to the Medical Director/Resident #2's Physician, and called the nurse on the floor at the hospital. The Administrator confirmed both she and the DON talked to the ER Nurse that collected the sample of urine in the ER, who denied having seen any signs of bruising or trauma to Resident #2. The Administrator confirmed the facility requested the hospital repeat the Urinalysis, but was told they couldn't because they had already started the antibiotic. The Administrator confirmed Resident #2's brother/RP denied having knowledge of Resident	F 610		

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F 610	Continued From page 44 #2 ever being sexually abused or being positive for a sexually transmitted disease. The Administrator stated that Resident #2's PCP told her that Trichomonas could have been dormant, then all of the sudden flair up. The Administrator confirmed she did not call the local health department for guidance on Trichomonas. The Administrator stated that no employees were tested at that time and no other residents were tested. The Administrator stated, "We felt like it didn't happen" (no sexual assault), "so we didn't do anything else". In an interview on 08/07/19 at 10:40 AM, the Hospital Social Worker (SW) confirmed the hospital reported to the SA hotline, for the ER Physician, regarding Resident #2 testing positive for Trichomonas on 7/9/19. The SW stated when she interviewed Resident #2 she was told that she lived at home with her mother. She stated that Resident #2 was confused and disoriented and unable to answer questions regarding any sexual activity and was not a reliable historian. In a phone interview on 08/07/19 at 2:00 PM, the Criminal Investigator for the AG's Office stated that the facility informed him that Resident #2's Physician had said that Trichomonas can be dormant and not active and undetectable, then flair up. He also stated the facility had informed him there was no evidence of forceful sex seen for Resident #2. The facility admitted Resident #2 on 9/26/16, with the diagnoses which included, High Blood Pressure, Non-Alzheimer's Dementia, Seizure Disorder, Osteoarthritis, Non-rheumatic Aortic (Valve) Stenosis and Psychotic Disorder. The Quarterly Minimum Data Set (MDS) with the	F 610		

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F 610	Continued From page 45 Assessment Reference Date of 7/16/19 revealed Resident #2 scored a 3 on the Brief Interview for Mental Status (BIMS), which indicated Resident #2 was severely cognitively impaired. The facility submitted an acceptable Removal Plan on 8/9/19, for the IJ. Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit. On July 9, 2019, Resident #2 was sent out to a local hospital for low Oxygen saturation. The hospital called to notify the Director of Nursing at the facility on July 9, 2019 at approximately 4:30 PM, that the resident was positive for Trichomonas. The State Agency notified the Administrator that the facility had been placed in Immediate Jeopardy at 10:25 AM, on August 7, 2019, for Failure to protect the resident due to alleged incident of abuse, Failure to report to the local law enforcement, and Failure to investigate thoroughly, once informed of the allegation and positive test results. Corrective actions: 1) An investigation was begun on July 9, 2019 at 5:00 PM, by the Administrator and the Director of Nursing. 2) A Chart review on Resident #2 occurred by the Director of Nursing on July 9, 2019 at 4:45 PM. This review included looking for previous urinalysis and review of diagnosis. It revealed that urinalysis on June 20, 2019, indicated no Trichomonas seen.	F 610		

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F 610	Continued From page 46 3) On July 9, 2019, at 4:50 PM, an Emergency Quality Assurance Committee Meeting was held via conference call with the Medical Director, Administrator, Director of Nursing (DON), Registered Nurse/Infection Control (RN/IC) # 1, Registered Nurse (RN)# 2, and Licensed Practical Nurse (LPN)# 1. The Medical Director was made aware of reported positive test results. After the discussion of the positive Trichomonas test there were no changes made to any policies and procedures and Resident #2 would remain across from the nurse's station with door open when no care is being provided and every two (2) hour rounds would remain in place. 4) Resident #2's brother was called by the DON and Administrator on July 9, 2019 at approximately 5:15 PM, and informed that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. 5) Staff interviews began at approximately 5:30 PM on July 9, 2019, by the DON, and were completed on July 10, 2019 at approximately 5:00 PM. Six (6) interviews were conducted - Four (4) Certified Nursing Assistants (CNA), One (1) LPN and one (1) RN. Two (2) statements by CNA's indicated a foul odor was noted when changing. CNA # 3 stated: Resident #2 "does have a strong odor to her while changing, much stronger when she had a Urinary Tract Infection. She does not wet frequently". CNA #4 stated: "I've changes her once before when she wasn't my resident at the time and notice that she had a foul odor. I believe she had a UTI." During the interview the staff was asked if they had noticed any change in Resident #2's behavior. Their responses were negative.	F 610		

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F 610	Continued From page 47 6) Notification was made to the SA at approximately 6:00 PM on July 9, 2019, of a report of Resident #2 testing positive for Trichomonas. 7) The Attorney General's office was notified via eform on July 9, 2019 at 6:10 PM, of a report of Resident #2 testing positive for Trichomonas. 8) A Review of video footage occurred on July 10, 2019, by the Administrator at approximately 9:30 AM. Coverage reviewed started at July 3, 2019 at 10:00 PM, to July 9, 2019, when she was sent out. There was no unusual visitors or suspicious activity observed during the review of the video. This video footage was the only footage available for review. 9) Resident #2 returned to the facility on July 10, 2019 at 4:45 PM. Resident #74, Resident #2's roommate, and Resident #2 were interviewed after her return. Resident #74 with a BIMS score of 14 was interviewed by the DON on July 10, 2019 at approximately 5:00 PM, and her responses indicated there were no unwanted visitors for her or her roommate and no bothersome behavior or mistreatment toward them by visitors, residents, or staff. An interview by the DON and the Administrator with Resident #2 occurred at approximately 10:00 AM on July 11, 2019, and she revealed negative responses in the areas of inappropriate behavior towards her from others, being afraid, and any unwelcome visitors. Resident #2 with a BIMS score of 3 (Brief Interview of Mental Status) stated that she was happy living here. No other Resident interviews were done at this time.	F 610		

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(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 610	Continued From page 48 10) To protect other residents from harm, the facility provided education on July 19, 22 and July 23, 2019 on Dignity, Respect, and Abuse. Nineteen (19) of 53 CNA's, nine (9) of 22 LPN's, seven (7) of nine (9) RN's, six (6) of six (6) Housekeeping, two (2) of three (3) Laundry, two (2) of two (2) Social Services, two (2) of two (2) Business Office, two (2) of four (4) Activity, ten (10) of 13 Dietary, two (2) of two (2) Floor Techs , one (1) of one (1) Central Supply, one (1) of one (1) Medical Records, zero (0) of one (1) Maintenance, one (1) of one (1) Courtyard Director, and zero (0) of three (3) Monitor Techs were trained. 11) At 10:58 AM on August 7, 2019, the local police department was called by the Administrator. They arrived at 11:05 AM to speak with the Administrator and Director of Nursing. They were provided a copy of the facility investigation and stated they would contact us on August 8, 2019, with a report and/or request for further action. 12) Education of all employees was conducted by Registered Nurse #5 beginning on August 7, 2019 at 2:30 PM, and concluded on August 8, 2019. Topics covered included: Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. The Staff educated as of August, 8 2019 at 5:00 PM are as follows: Eighteen (18) of 22 LPN's, nine (9) of nine (9) RN's, 34 of 53 CNA's, three (3) of three (3) Laundry staff, six (6) of six (6) Housekeeping	F 610		

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F 610	Continued From page 49 staff, three (3) of four (4) Activity staff, 13 of thirteen 13 Dietary staff, two (2) of two (2) Floor Technicians, one (1) of one (1) Maintenance staff, one (1) of one (1) Medical Records staff, one (1) of one (1) Central Supply staff, two (2) of two (2) Business Office staff, one (1) of one (1) Administrator, two (2) of two (2) Social Service staff, one (1) of one (1) Courtyard Director, and one (1) of three (3) Monitor Technicians. 13) No employee will be allowed to work until they are trained on Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. 14) The Facility Administrator initiated a phone conference with the Nurse Practitioner at The Office of Epidemiology, Mississippi State Department of Health, on August 7, 2019 at approximately 3:00 PM to determine what type of testing of male employees needs to be done for Trichomonas. She stated the type of test would be a urine test. 15) Testing of all male employees for Trichomonas began August 8, 2019. Ten (10) of ten (10) results have returned with negative findings. 16) Ambulatory Resident #19 was tested for Trichomonas on August 8, 2019 at approximately 1:20 PM, and the result was negative. Resident #19 was tested for Trichomonas due to having recently being observed kissing a consenting	F 610		

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F 610	Continued From page 50 female Resident #50. Resident #19 has a BIMS score of 15 and Resident #50 has a BIMS score of 15. There were no other reports to the Administrator or DON of any other male Residents exhibiting sexual behaviors or expressions between June 20, 2019 and July 9, 2019. 17) On August 9, 2019 at approximately 8:00 AM, the facility began obtaining urine samples for Trichomonas on cognitively impaired female residents with a BIMS score of 7 and below. A total of 34 female residents tested with lab results of 34 of 34 negative for Trichomonas. 18) On August 9, 2019 at approximately 8:00 AM, the facility began obtaining urine samples for Trichomonas on all male residents that are ambulatory and/or able to transfer in or out of a wheelchair without assistance. A total of 21 male residents tested with lab results of 21 of 21 negative for Trichomonas. 19) A 100% chart audit was conducted on August 9, 2019, which focused on the most recent urinalysis and diagnosis review. The chart audit revealed no diagnosis of Trichomonas and no urinalysis results were positive for Trichomonas. 20) On August 9, 2019 at approximately 2:30 PM cognitive female Residents with a BIMS score of 8 and above were interview by RN/IC #1, RN #2, Social Service Assistant and the Courtyard Director. These interviews revealed 30 of 30 residents expressed no concerns related to potential sexual abuse. 21) The QA Committee recommended a revision of the Hourly Resident Safety Rounds	F 610		

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F 610	Continued From page 51 documentation form that was implemented August 9, 2019 at 4:00 PM, to protect Residents from sexual abuse. The QA Committee met on August 9, 2019 at 4:00 PM, with the Medical Director (per phone), Administrator, DON, RN/IC #1. RN #2 and LPN #1 in attendance. The facility asserts that the likelihood of serious harm in this matter will be removed effective August 10, 2019. The State Agency (SA) validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ. 1. The SA validated through interviews and record review the facility conducted an investigation which began on July 9, 2019 by the Administrator and the Director of Nursing. 2. The SA validated by interviews and record review a chart review on Resident #2 occurred by the Director of Nursing on July 9, 2019. This review included looking for previous urinalysis and review of diagnosis. Interview with the DON revealed the urinalysis on June 20, 2019, indicated no Trichomonas seen. 3. The SA validated by interviews and sign in sheets on July 9, 2019, that an Emergency Quality Assurance Committee Meeting was held via conference call with the Medical Director, Administrator, Director of Nursing (DON), Registered Nurse/Infection Control (RN/IC) # 1, Registered Nurse (RN)# 2, and Licensed Practical Nurse(LPN)# 1. Interview revealed the Medical Director was made aware of reported positive test results, no changes were made to any policies and procedures and Resident #2	F 610		

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F 610	Continued From page 52 would remain across from the nurse's station with door open when no care is being provided and every two (2) hour rounds would remain in place. 4. The SA validated through interviews that Resident #2's brother was called by the DON and Administrator on July 9, 2019, and informed that Resident #2 tested positive for Trichomonas, a sexually transmitted disease. 5. The SA validated through interviews and record reviews that the facility began staff interviews on July 9, 2019, by the DON and were completed on July 10, 2019. Documentation included six (6) interviews were conducted - Four (4) Certified Nursing Assistants (CNA), One (1) LPN and one (1) RN. Two (2) statements by CNA's indicated a foul odor was noted when changing. CNA #3's documented statement: Resident #2 "does have a strong odor to her while changing, much stronger when she had a Urinary Tract Infection. She does not wet frequently". CNA #4's documented statement: "I've changes her once before when she wasn't my resident at the time and notice that she had a foul odor. I believe she had a UTI." Staff had not noticed any change in Resident #2's behavior. 6. The SA validated through record review and interview that the facility notified the SA on July 9, 2019 of a report of Resident #2 testing positive for Trichomonas. 7. The SA validated through interviews and record review the facility notified the Attorney General's office via eform on July 9, 2019, of a report of Resident #2 testing positive for Trichomonas.	F 610		

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F 610	Continued From page 53 8. The SA validated through interviews and facility investigation review that the facility reviewed the video footage on July 10, 2019 by the Administrator, covering July 3, 2019 at 10:00 PM to July 9, 2019, when the resident was sent out. Interview with the Administrator revealed there was no unusual visitors or suspicious activity observed during the review of the video. 9. The SA validated documentation that Resident #2 returned to the facility on July 10, 2019 at 4:45 PM. Interview with administrative staff revealed Resident #74, Resident #2's roommate, and Resident #2 were interviewed after her return. Resident #74 with a BIMS score of 14 was interviewed by the DON on July 10, 2019, and her responses indicated there were no unwanted visitors for her or her roommate and no bothersome behavior or mistreatment toward them by visitors, residents, or staff. An interview with the DON and the Administrator revealed interviews with Resident #2 occurred at approximately 10:00 am on July 11, 2019, and she revealed negative responses in the areas of inappropriate behavior towards her from others, being afraid, and any unwelcome visitors. Resident #2 with a BIMS score of 3 (Brief Interview of Mental Status) stated that she was happy living here. Interview with the Administrator and DON validated that no other Resident interviews were done at this time. 10. The SA validated through interviews, sign-in sheets, and record review, that the facility provided education on July 19, 22 and July 23, 2019 on Dignity, Respect, and Abuse, with staff attendance by signature. 11. The SA validated through interview with the	F 610		

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F 610	Continued From page 54 Administrator that on August 7, 2019, the local police department was notified, and came to the facility. They were provided a copy of facility investigation and stated they would contact the facility with a report and/or request for further action. 12. The SA validated through interview, sign-in sheets, and record review, that education of all employees was conducted by Registered Nurse #5 beginning on August 7, 2019 and concluding on August 8, 2019. Topics covered included: Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. The SA validated that all staff were educated as of August, 8, 2019. 13. The SA validated through interviews that no employee was allowed to work until they were trained on Abuse, Neglect, and Exploitation including but not limited to: signs and systems of sexual abuse; Reporting of a Reasonable Suspicion of a Crime to local law enforcement; Reporting of Alleged Abuse and Neglect; and Investigation/Prevent/Correct Alleged Violations to including but not limited to doing a complete investigation. 14. The SA validated by interview with the Administrator, that the Facility Administrator initiated a phone conference with the Nurse Practitioner at The Office of Epidemiology, Mississippi State Department of Health, on August 7, 2019 to determine what type of testing	F 610		

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F 610	Continued From page 55 of male employees needs to be done for Trichomonas and was informed the type of test would be a urine test. 15. The SA validated by record review and interviews that the facility initiated testing of all male employees for Trichomonas beginning August 8, 2019, and ten (10) of ten (10) results returned with negative findings. 16. The SA validated by record review and interviews that the facility tested Ambulatory Resident #19 for Trichomonas on August 8, 2019, with a negative result. Interview with administrative staff revealed there were no other reports of any other male Residents exhibiting sexual behaviors or expressions between June 20, 2019 and July 9, 2019. 17. The SA validated by interviews and record review that on August 9, 2019, the facility began obtaining urine samples for Trichomonas on cognitively impaired female residents with a BIMS score of 7 and below. A total of 34 female residents tested with lab results negative for Trichomonas. 18. The SA validated by interviews that on August 9, 2019, the facility began obtaining urine samples for Trichomonas on all male residents that are ambulatory and/or able to transfer in or out of a wheelchair without assistance. A total of 21 male residents tested with lab results negative for Trichomonas. 19. The SA validated through interviews and record reviews that the facility conducted 100% chart audit on August 9, 2019, which focused on the most recent urinalysis and diagnosis review.	F 610		

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F 610	Continued From page 56 The chart audit revealed no diagnosis of Trichomonas and no urinalysis results were positive for Trichomonas. 20. The SA validated by interviews that on August 9, 2019, cognitive female Residents with a BIMS score of 8 and above were interview by RN/IC #1, RN #2, Social Service assistant and the Courtyard Director. These interviews revealed 30 of 30 residents expressed no concerns related to potential sexual abuse. 21. The SA validated through interviews and sign-in sheets that the QA Committee recommended a revision of the Hourly Resident Safety Rounds documentation form that was implemented August 9, 2019, to protect Residents from sexual abuse. Interview validated that the QA Committee met on August 9, 2019 at 4:00 PM with the Medical Director (per phone), Administrator, DON, RN/IC #1. RN #2 and LPN #1 in attendance. The SA validated that all corrective actions were completed as of 8/9/19, and the IJ was removed on 8/10/19.	F 610		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review, and staff interview, the facility failed to accurately code the Minimum Data Set (MDS) related to a resident being at risk for pressure ulcers/injuries	F 641	1. The Minimum Data Set(MDS) for Resident #18 was unlocked and corrected on 08/08/19 by the Licensed Practical Nurse #1 prior to submission.	8/28/19

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F 641	Continued From page 57 for one (1) of 25 MDS reviews. (Resident #18) Findings include: Review of the facility policy titled, "Resident Assessment Instrument," dated March 2017, revealed that it is the policy of this facility that a comprehensive assessment of a resident's needs shall be made upon the resident's admission and periodically as mandated by the Omnibus Budget Reconciliation Act (OBRA) and Medicare guidelines. The facility policy noted that the purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. The facility policy noted that the nursing department will be responsible for completing and entering into the computer system MDS sections A, G, GG, H, I, J, M, N, O, P, S, V, and Z. The facility policy also noted that all persons who have completed any portion of the MDS Resident Assessment Form, must sign such document attesting to the accuracy of such information. Review of the facility policy titled, "Pressure Ulcer Risk Assessment," dated May 2012, revealed that it is the policy of this facility that the purpose of this procedure is to provide guidelines for the assessment and identification of residents at risk of developing pressure ulcers. The facility policy also noted that during the risk assessment, the Braden Scale pressure ulcer risk assessment will be completed upon admission, weekly times (x) four (4) weeks and with each additional assessment; quarterly, annually, and with significant changes. The facility policy states that because a resident at risk can develop a pressure ulcer within two (2) to six (6) hours of	F 641	2. All residents have potential to be affected. 3. The MDS nurses were inserviced on MDS acccuracy by the Director of Nursing on 08/10/19. 4. The Director of Nursing and/or Resident Care Coordinator will monitor 10 MDS's Section M0150 (Risk for Pressure Ulcers) for accuracy monthly for three (3) months. The results of this monitoring will be brought to the Quarterly Quality Assurance Meeting by the Director of Nursing to evaluate the effectiveness and changes will be made as deemed necessary by the Quarterly Quality Assurance Committee.	

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F 641	Continued From page 58	F 641		

the onset of pressure, the at risk resident needs to be identified and have interventions implemented promptly to attempt to prevent pressure ulcers.

Review #18
Review of Resident #18's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/30/2019, revealed Section M0150 was coded "0", which indicated that Resident #18 was not at risk of developing pressure ulcers/injury. The MDS also revealed that in subsection A of the Z0400 Section, Licensed Practical Nurse (LPN) #1, the MDS Nurse signed as having completed the M section of the MDS.

Review of an "Initial Wound Assessment 2," dated 7/22/2019, revealed that Resident #18 had an excoriation to the coccyx area. Resident #18's wound assessment noted that there was only partial depth of tissue injury. Resident #18's wound assessment noted a treatment plan to clean with Baby Shampoo and H2O (water), pat dry, cover with Aquacel foam dressing daily and as needed. Resident #18's wound assessment was completed by Registered Nurse (RN) #2/ Resident Care Coordinator on 7/22/2019.

Review of Resident #18's "Plan of Care - Current," dated 8/8/2019, revealed a focused problem of a bleachable excoriation to the coccyx with potential for pressure ulcers and a history of pressure ulcers had an effective date of 07/22/2019.

During an interview on 8/8/2019 at 1:55 PM, Licensed Practical Nurse (LPN) #1 and the MDS Nurse confirmed that the Quarterly MDS dated for

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F 641	Continued From page 59 7/30/2019, was coded "0" in the M0150 section, indicating that Resident #18 is not at risk for pressure ulcers/injuries. LPN #1 stated Resident #18 is at risk for pressure ulcers and a one "1" should have been coded on the MDS, section M0150. LPN #1 stated, "It's an error, just a slip up." LPN stated, "I can fix that right now." During an interview on 08/09/2019 at 11:46 AM, the DON stated that Resident #18 is at risk for pressure ulcers and it should have been coded on the Quarterly MDS dated 07/30/2019. Review of the Face Sheet revealed the facility admitted Resident #18 on 2/5/2019, with diagnoses to include Alzheimer's Disease, Dementia, and Type Two (2) Diabetes Mellitus.	F 641		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		8/28/19

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F 880	Continued From page 60 providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens.	F 880		

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(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 880	Continued From page 61 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy review, and staff interview, the facility failed to prevent the possible spread of infection for one (1) of three (3) residents during wound observation, Resident #18. Findings include: Review of the facility policy tilted, "Infection Control Guidelines for All Nursing Procedures," dated August 2015, revealed the purpose of this policy is to provide guidelines for general infection control while caring for residents. The facility policy noted that standard precautions will be used in the care of all residents in all situations, regardless of suspected or confirmed presence of infectious diseases. The facility policy noted that standard precautions apply to blood, body fluids, secretions, and excretions. During an observation, on 8/5/2019 at 10:15 AM, incontinent care was provided to Resident #18 by Certified Nursing Assistant (CNA) #5. CNA #6 assisted CNA #5 by positioning Resident #18 on to her side. During the incontinent care, CNA #5 pulled back on a loose dressing, with a soiled gloved hand, located on Resident #18's coccyx area. CNA #5 held the dressing with a gloved hand and with the other gloved hand she cleaned the area that was covered by the dressing with a	F 880	1. Resident #18's coccyx was cleaned per physician order and a clean dressing was applied by the Registered Nurse and assessed for signs and symptoms of infection on 08/05/19. Resident #47's Percutaneous Endoscopic Gastrostomy (PEG) tube site was cleaned and new dressing applied per physician orders by the Registered Nurse and assessed for signs and symptoms of infection on 08/06/19. 2. Six (6) residents with wounds and seven (7) residents with a PEG tube have potential to be affected. 3. Nurses and Certified Nursing Assistants were inserviced on Infection Control on 08/13/19 by the Staff Development Nurse. 4. The Resident Care Coordinators and/or Staff Developement Nurse will observe incontinent care and PEG site dressing changes (3)three times per week times (1) one month beginning the week of 08/12/19. The results of these observations will be brought to the Quarterly Quality Assurance Meeting by the Staff Development Nurse to evaluate the effectiveness and changes will be	

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	255153	A. BUILDING _____ B. WING _____	08/10/2019

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F 880	Continued From page 62 soiled wipe. CNA #5 used her soiled gloved hand to put the dressing back in place. CNA #5 used the soiled gloved hand to hold the dressing in place while she secured the Resident #18's brief. During an interview, on 8/5/2019 at 10:31 AM, Certified Nursing Assistant (CNA) #5 confirmed that she should have not cleaned under the dressing. CNA #5 stated, "I didn't change gloves or wash my hand when I pulled the dressing back." CNA#5 also stated that cleaning in the wound area with a soiled wipe and handling the dressing with soiled gloves could cause an infection. During an interview, on 8/5/2019 at 10:39 AM, Certified Nursing Assistant (CNA) #6 confirmed that if you touch a dressing or clean close to the wound with dirty gloves, the wound could get infected. CNA #6 stated, "You should always stop and report the loose dressing to the nurse." During an interview on 8/7/2019 at 3:05 PM, Registered Nurse (RN) #7/Treatment Nurse revealed that when CNA #5 pulled the dressing away from the wound with her soiled gloved hand, and wiped with a soiled wipe, it could have allowed bacteria into the wound area. RN #7 stated, "This could cause the area to become infected." RN #7 stated, "The CNAs should have made the nurse aware, so the dressing could be changed, but definitely not wipe into the wound area or touch the inside of the dressing with soiled gloves." During an interview, on 8/8/2019 at 1:50 PM, Registered Nurse (RN) #5/Staff Development Nurse, confirmed that a CNA should not clean the area under a dressing at any time. RN #5 stated,	F 880	made as deemed necessary by the Quality Assurance Committee.	

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F 880	Continued From page 63 "Wiping in the area of a wound with a soiled wipe and handling the wound dressing with a dirty glove, is an infection control problem." RN stated, "That's definitely a problem." During an interview, on 8/9/2019 at 11:46 AM, the Director of Nursing (DON) stated the CNA should not have cleaned in the area under a wound dressing and should not have touched the inside of a dressing. The DON stated the CNA should have notified the nurse that the wound dressing was coming off. Review of the Face Sheet revealed the facility admitted Resident #18 on 2/5/2019, with diagnoses to include Alzheimer's Disease, Dementia, and Type 2 Diabetes Mellitus. Resident #47 During an Observation of a Percutaneous Endoscopic Gastrostomy (PEG) tube dressing change, with License Practical Nurse (LPN) #2, revealed LPN #2 washed her hands, pulled gloves out of her lab jacket pocket, and removed the old dressing. She cleansed the PEG area with soap and water. LPN #2 Left room to get more gloves. LPN #2 put gloves into her lab jacket pocket, washed her hands, applied gloves from out of pocket, and put on a new dressing to the PEG site. During an interview on 08/06/19 at 2:51 PM, LPN #2 confirmed she put the gloves in her pocket and didn't think about it. LPN #2 said that she should not have put the gloves in her pocket, because they can become contaminated by touching other things in her pocket. LPN #2 said she did not think about infection control.	F 880		

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F 880	Continued From page 64 During an interview on 08/06/19 at 2:51 PM, RN # 5 confirmed that LPN #2 should not put gloves in her pocket, then use them for patient care. RN #5 said it could cause infection and LPN #2 did not follow the facility policy. A review of the facility's face sheet revealed the facility admitted Resident #47 on 8/02/2017, with diagnoses, which included Hypertension, Diabetese Mellitus and Seizure Disorder. Review of Resident #47's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/23/2019, revealed Resident #47 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment.	F 880		

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	255153	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2019**

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K 000	INITIAL COMMENTS 42 CFR 48.40 (a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 09/03/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	255153	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2019**

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K 000	INITIAL COMMENTS 42 CFR 48.40 (a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments ********** Survey conducted on 08/08/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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