STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255092	A. BUILDING _____ B. WING _____	C 12/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYINGTON HEALTH AND REHABILITATION	1530 BROAD AVE GULFPORT, MS 39501

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey and three (3) Complaint Investigations CI MS #17266, CI MS #17194 and CI MS #17200 were conducted by the State Agency (SA) on 12/8/2020 through 12/10/2020. The facility was found to be in compliance with infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. CI MS #17266 was not substantiated for quality of care. CI MS #17194 was not substantiated for quality of care. CI MS #17200 was substantiated for verbal abuse and the facility was cited F600 at a "D" level when Patient Care Assistant (PCA) #1 verbally abused Resident #1 and cited F656 at a "D" level when PCA #1 failed to follow the care plan to approach Resident #1 in a calm manner. The census was 125 and the facility has a license for 180 beds.	F 000		
F 600 SS=D	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-	F 600		2/2/21

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

Electronically Signed | 02/03/2021

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F 600	Continued From page 1 §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 staff interviews, record review, facility policy and facility investigation review, the facility failed to ensure Resident #1 was free from verbal abuse for one (1) of four (4) residents reviewed for verbal abuse. Resident #1. Findings include: A review of the facility's policy, "Prevention of Resident Abuse, Neglect, Mistreatment or Misappropriation of Property", revised 12/2017, revealed each resident has the right to be free from verbal, sexual, physical and mental abuse; corporal punishment; involuntary seclusion; mistreatment of any kind, exploitation, and misappropriation of property. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability. A review of the facility's self-reported incident revealed on 7/21/20, at 11:00 AM, the Patient Care Assistant (PCA) #2 was physically present in Resident #1 room when she heard PCA #1, exchanging words with Resident #1 and called PCA #1 a "bitch" and "whore". PCA #1 then called Resident #1 a "bitch/flipped him off", then said, "you're a bitch, I should slap your ass." On 7/21/20, following the incident, PCA #2 reported the incident to the Administrator. On 7/21/20, at 12:40 PM, the Risk Manager (RM) investigated the incident and suspended PCA #1, pending investigation then later terminated PCA #1. The	F 600	Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged in the statement of deficiencies. This Plan of Correction is prepared solely as a matter of compliance with the Federal and State Law. 1. Resident #1 was assessed by Risk Manager on July 21, 2020, no negative findings noted. Psychosocial well-being was reviewed by Social Service Director on July 21, 2020. PCA#1 was immediately suspended on July 21, 2020 and terminated on July 27, 2020 after investigation was completed. 2. Personal Care Assistant #1 cared for ten residents that day. Interviews were completed on July 21, 2020 by Administrator with six (6) residents to determine if there were any other potential residents affected and no further issues were noted. 3. Facility staff were inserviced on facility policy "Prevention of Resident Abuse, Neglect, Mistreatment or Misappropriation of Resident Property, Elder Act by Risk Manager beginning July 21, 2020 and ending July 27, 2020. Administrator, Director of Nursing or Risk Manager will make courtesy rounds once per week beginning July 27, 2020 times three	

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F 600	Continued From page 2 facility findings indicated that abuse occurred. The RM notified the Responsible Representative (RR), State Licensing Agency (SA) on 7/21/20 at 1:34 PM, Law Enforcement Agency on 7/23/20, and the Attorney General Office (AGO) on 7/23/20. The facility began in-servicing staff on abuse. On 12/8/20, at 3:20 PM, in an interview with the Administrator revealed PCA #1 and PCA #2 are no longer employed within facility. The SA questioned if PCA #1 was written up/reported to nurse aide registry. The Administrator stated they did not notify the nurse aide registry because PCA #1 was a Personal Care Attendant and according to Temporary COVID-19 Personal Care Attendant (Waiver Aide), they did not have to be certified and PCA #1 was not certified. On 12/8/20, at 3:45 PM, attempted to phone PCA #1 and PCA #2, left voice mail messages, received no return call. On 12/8/20, at 3:55 PM, in an interview with the Area Ombudsman revealed he had not received any complaints from the Residents regarding the facility. On 12/8/20, at 4:05 PM, this surveyor phoned the Attorney General's Office (AGO) and was informed the investigation has been closed. On 12/9/20, at 9:00 AM, an interview with the Responsible Representative revealed his mother, who has now expired, was notified of the incident on 7/21/20.	F 600	weeks and then monthly times three months to discuss any concerns regarding verbal abuse. 4. Any concerns noted will be reported Administrator / Director of Nursing immediately. In the event there are findings, Risk Manager will bring findings to Quality Assurance Performance Improvement Committee to review and follow up for any concerns monthly times three months.	

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On 12/9/20, at 9:30 AM, in an interview with Resident #1, he stated he would holler at staff sometimes and he is okay since the incident with no concerns. Resident #1 revealed he hollered at the girl that was helping him and she hollered back at him and they both called each other dirty names.

In a review of the facility's investigation revealed PCA #1 was suspended on 7/21/20, following the incident until the investigation was completed. Following the investigation, PCA #1 was terminated on 7/27/20.

In a record review on 7/21/20 at 12:25 PM, PCA #1 stated, "I was changing the guy on A bed and the guy on B bed said fuck me and I said okay that's fine and he told me to move his wheelchair in, I told him to give me a minute let me finish changing the person I was working with and called me a hoe, and a bitch and I said okay that's fine with me. I pulled the curtain to give privacy and the man was saying can you move the wheelchair bitch and I told him give me a min because I have help someone right now and I told him when I'm done, I will move the wheelchair."

In a record review of PCA #1's Human Resources file revealed PCA #1 completed the required training upon hire for abuse/neglect, reporting abuse, and had no deficiencies or write ups on file. PCA #1's Human Resources file contained the state Criminal Record check, with no criminal records found. PCA #1's hire date was 7/2/20. PCA #1 was in-serviced on 7/2/20 on the Prevention from Abuse, Neglect, & Exploitation, Residents Rights, Elder Justice Act, Alzheimer's and Related Disorders Basic Information, Vulnerable Persons Act, and Protection of

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Resident's Personal Property.

In a review the sign in sheets, the facility staff was in-serviced on Abuse/Neglect, the Elder Justice Act and how to report all allegation immediately to Administrator, Director of Nurses, Registered Nurse, and Assistant Director of Nurses. They were in-serviced on the Abuse Policy, how to take care of residents who are combative and/or resist care and how to report abuse. The in-services were conducted from 7/21/20 till 7/27/20, 8/27/20 till 8/31/20, 10/8/20 till 10/9/20.

In a review of the facility's Quality Assurance (QA) meetings following the abuse allegation on 7/21/20 revealed, the facility reviewed the allegation of verbal abuse. The facility's plan was to start in-servicing staff on abuse/neglect, vulnerable adults act, and following the physician orders and the resident's care plans. The following attended the QA meeting: Administrator, Director of Nurses, Assistant Director of Nurses, Unit Manager, Social Services, Activities, Medical Director, Care Plan, and Minimum Data Set (MDS) Nurse.

In a review of the facility's QA meeting on 8/26/20, revealed the facility met after all the in-services had been conducted and following the care plan with no changes at this time. The Administrator, Director of Nurses, Assistant Director of Nurses, Unit Manager, Social Services, Activities, Medical Director, Care Plan, and Minimum Data Set (MDS) Nurse attended the meeting.

In a review of the facility QA meeting on 9/23/20 revealed Social Services followed up with staff and residents regarding any issues of

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F 600	Continued From page 5	F 600		

abuse-verbal and following physician orders/care plans. The Administrator, Director of Nurses, Assistant Director of Nurses, Unit Manager, Social Services, Activities, Medical Director, Care Plan, and Minimum Data Set (MDS) attended the QA meeting.

In a review of the facility QA meeting on 10/22/20 revealed the facility reviewed the follow up on the allegation of verbal abuse, in-services on Abuse/Neglect, Vulnerable Adults, Resident Rights and following Care Plans. The Administrator, Director of Nurses, Assistant Director of Nurses, Unit Manager, Social Services, Activities, Medical Director, Care Plan Nurse, and Minimum Data Set (MDS) Nurse attended this QA meeting.

In a review of facility QA meeting on 11/18/20 revealed no issues were noted during rounds on the residents and no issues noted from Resident #1 regarding Resident Rights. The Administrator, Director of Nurses, Assistant Director of Nurses, Unit Manager, Social Services, Activities, Medical Director, Care Plan Nurse, and Minimum Data Set (MDS) Nurse attended this meeting.

On 12/9/20 at 6:00 PM attempted to phone PCA #1 and PCA #2, left voice mail messages, received no return call.

On 12/14/20 at 10:00 AM attempted to phone PCA #1 and PCA #2, left voice mail messages, received no return call.

On 12/14/20 at 11:30 AM attempted to phone Medical Director left voice mail, received no return call.

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F 600	Continued From page 6 On 12/14/20 at 1:30 PM attempted to phone Medical Director left voice mail, received no return call. Resident #1 Record review of the Admission Record revealed the facility admitted Resident #1 on 9/18/20 with the diagnosis of Cognitive communication deficit, Dysarthria following Cerebrovascular Deficit, Impulse Disorder, Schizophrenia, Anxiety, and Bi-polar disorder. Resident #1's Minimum Data Set (MDS), dated 10/16/20, section C0500, revealed the Brief Interview for Mental Status (BIMS) for Resident #1 had a score of 15, indicating he was cognitively intact.	F 600		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656		2/2/21

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F 656	Continued From page 7 treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, facility investigation review and policy review, the facility failed to follow the comprehensive care plan to meet the needs for Resident #1 for one (1) of four (4) residents reviewed for verbal abuse. Resident #1. Findings include: A review of the facility's policy, "Care Plan-Comprehensive", dated 11/19, noted a Comprehensive Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs, shall be developed for each resident.	F 656	1. Resident #1 Care Plan was reviewed on December 14, 2020 for accuracy. 2. Thirty Eight behavioral Care Plans were reviewed for accuracy. No further action was needed. 3. Facility Staff were inserviced on facility policy "Care Plan - Comprehensive" by Risk Manager beginning December 11, 2020 and ending December 13, 2020. Director of Nursing, Assistant Director of Nursing, and / or Care Plan Nurse will make rounds once per week times three weeks, the monthly times three months to review Care Plan interventions related to	

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F 656	Continued From page 8 A review of Resident #1's Care Plan for 5/21/20, revealed Resident #1 is at high risk for altered behavioral patterns as evidenced by Bi-Polar Disorder, Schizophrenia, Anxiety and by Resident #1's history of shaking his fists at staff when he becomes agitated about things such as staff coming into his room to provide care. Resident #1 yells and curses when he is upset, is short tempered at times, hitting others, declines care such as restorative nursing program, weights, showers, interjects himself into others conversation, episodes of urinating in his sink, and has episodes of refusing medication. Resident #1 has episodes of soiling his clothes and then refusing to change, especially at night. The interventions are to allow Resident #1 time to express feelings and attempt to address his concerns as able. Staff are to approach Resident #1 in a calm, non-rushed manner and to attempt all non-pharmacologic interventions as possible, use music and pet therapies, use sensory therapy and other activities. The staff are also to use re-direction. A review of the facility's self-reported incident, revealed on 7/21/20 at 11:00 AM, PCA #2, heard PCA #1, exchanging words with Resident #1 when he was calling PCA #1 a "bitch" and "whore". PCA #1 then called Resident #1 a "bitch/flipped him off" then PCA #1 said, "you're a bitch I should slap your ass." On 7/21/20 following the incident PCA #2 reported the incident to the Administrator. On 7/21/20 at 12:40 PM the Risk Manager (RM) investigated the incident of reported verbal abuse and PCA #1 was suspended pending an investigation. Later, PCA #1 was terminated, when the facility confirmed verbal abuse had occurred.	F 656	residents at risk altered behavioral patterns are being followed beginning December 14, 2020. 4. Any concerns noted will be reported to Administrator / Director of Nursing immediately. In then the event there are negative findings, Risk Manager will bring the findings to the Quality Assurance Performance Committee meeting to review and follow up for any recommendations monthly times three months.	

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F 656	Continued From page 9	F 656		

On 12/9/20 at 9:30 AM in an interview with Resident #1, he stated he will holler at the staff at times. Resident #1 stated he is okay since the incident when PCA #1 yelled and cursed at him. Resident #1 stated he hollered at the girl that was helping him and she hollered back to him. He confirmed they both called each other dirty names.

An interview with the Director of Social Services on 12/9/20, at 2:44 PM, revealed Resident #1 is cognitively intact and is awake, alert, oriented, and aware of his behavior. The Director of Social Services revealed Resident #1's behavior is triggered when staff approaches him for bathing and Resident #1 does not like to be bathed.

On 12/8/20 at 3:45 PM, this surveyor attempted to phone PCA #1 and PCA #2, left voice mail messages, received no return call.

On 12/9/20 at 6:00 PM, attempted to phone PCA #1 and PCA #2 and a voice message was left with no return call.

An interview on 12/10/20, at 8:39 AM, with the Director of Nurses (DON), revealed care plans are to be followed. They are updated quarterly and/or as needed.

In an interview on 12/10/20, at 9:04 AM, with the Care Plan Nurse, she revealed PCA #1 did not follow the care plan regarding Resident #1 behaviors. She confirmed PCA #1 should have approached Resident #1 in a calm manner to prevent outbursts.

Record review of the Admission Record revealed

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F 656	Continued From page 10 the facility admitted Resident #1 on 9/18/18, with the diagnoses of Cognitive Communication Deficit, Dysarthria following Cerebrovascular Deficit, Impulse Disorder, Schizophrenia, Anxiety, and Bi-polar. In a review of Resident #1's Minimum Data Set (MDS) with the Assessment Reference Date of 10/16/20, in section C0500 the Brief Interview for Mental Status (BIMS) score was 15 indicating Resident #1 is cognitively intact.	F 656		