STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A162	A. BUILDING _____ B. WING _____	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOME	512 ROCKWELL DRIVE OKOLONA, MS 38860

(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 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey, MS CI #17405, at the facility on 1/7/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated the complaint and cited F600 and F609. At the time of the survey the facility had a census of 68.	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- §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 record review, staff interviews, resident interviews and facility policy review, the facility failed to prevent verbal abuse to one (1) of four (4) residents (Resident #1). Findings include: Review of facility policy titled, "Abuse, Neglect and Exploitation", not dated, revealed, "each	F 600	Resident #1, was assessed by the DON (Director of Nursing) on 12/29/20 with no noticeable changes in Resident #1's cognition as evident by the fact she could not recall the stated incident nor did her body audit reveal any new bruising. DON stated that Resident #1 responded to her assessment with "You need to just go on down yonder," which is her normal	3/19/21

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

Electronically Signed | 01/28/2021

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F 600	Continued From page 1 resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Residents must not be subject to abuse by anyone, including, but not limited to facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends or other individuals." An interview on 1/7/2021 at 11:55 AM, with the Administrator, revealed on 12/29/2020, Certified Nursing Assistant (CNA) #2 reported an incident to the Director of Nursing (DON) that occurred on 12/21/2020, involving another Certified Nursing Assistant (CNA) #1 being verbally abusive to Resident #1 while performing resident's care. The Administrator stated CNA #2 did not report incident immediately because she felt she should pray about it first. The Administrator stated the DON then spoke with CNA #1 and she had no comment concerning the allegation. The Administrator stated CNA #1 was terminated and left the building immediately. The Administrator stated both CNAs had been in-serviced on Abuse and Reporting. Administrator stated the facility self-reported the incident to the State Agency. The Administrator confirmed the facility failed to prevent the verbal abuse of a resident and the facility failed to report an incident of an abuse allegation in a timely manner. During an interview with the Administrative Assistant on 1/7/2021 at 12:00 PM, the State Agency inquired as to the reason for there being a 2-month time frame between receiving a letter stating CNA #1's fingerprints had been declined for the quality of the fingerprint, and the second set being obtained. At 12:18 PM, the Administrative Assistant returned to state there	F 600	response when she doesn't want to be bothered. The DON did not find Resident #1 to be fearful of her presence or her immediate surroundings at the time of her assessment. On the day of report 12/29/20, the DON interviewed 9 other residents assigned to CNA#1, during her tour of duty for 12/21, 24, 26 and 12/29/20, with none of the 9 stating that they had been mistreated by CNA#1. Four staff members present on 12/29/2020 were interviewed by the DON did not reveal any knowledge of the potential for abuse by CNA#1 prior to 12/29/2020. On 1/13/21 the DON completed another assessment of Resident #1 to assess for any changes in her physical/mental condition with no noticeable changes in either. On 1/14/21 the Social Service Director completed an assessment of Resident #1 which included staff interviews in regards to any changes in Resident #1's behaviors with no changes being noted. Resident #1 continues to interact with staff and other residents as she historically has done. CNA#1 was terminated on 12/29/2020 by the DON upon discovery of actions. Following the discussion with the DON, CNA#1 was observed by the DON to retrieve her personal belongings, exit the building and get into her personal vehicle. Ten of 69 residents could have been effected by the stated deficient practice. The Nurse Educator has conducted an in-service on Abuse, Neglect and Exploitation as outlined per facility policy and Code of Federal Regulations 483.12 as of 12/29/20 to eighty-four of eighty-nine	

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F 600	Continued From page 2	F 600		

had been no Staff Development (SD) Nurse at the time and they had a CNA doing some of the paperwork and filing, etc. When the new SD nurse started, she found the letter on her desk and immediately did another set of prints. When the background check was completed, there was nothing to disqualify her from employment on it. The facility also does a county check that had come back timely with nothing on it as well.

During an interview with CNA #1 on 1/7/2021 at 1:15 PM, CNA #1 stated, "That patient was abusive and everyone there knew and didn't do anything about her. I was already letting her get under my skin. I asked her, 'what's new', and when the resident answered me, I said to her 'I don't give a fuck'. I was a CNA for a year, and I've already got another job. I'm a janitor at a warehouse now where my husband works. He got me on down here." When asked by the State Agency about in-servicing on abuse and neglect, she said, "yeah they did what they needed to do about the paperwork and in-services on abuse and stuff. The bottom line is I get paid more where I am now, and I know it is not for me. We had too many bills to pay and it was quick money. Besides, I didn't hit her or make no bruises on her or nothing, I just cussed her, and she don't know right anyway. I'm never going back into healthcare no way, it just ain't for me."

During an interview with CNA #2 on 1/7/2021 at 1:23 PM, CNA #2 stated, "I was doing rounds with her at bedtime, and I asked her if she needed my help. (Proper Name for Resident #1) like to hit. I recorded it, she called her an old hag, and a bitch. She stated she was tired, and I've had it up to here and I'm not putting up with this shit. The reason I waited so long to report what I had

employees. The five employees who have not received this in-service are either on FMLA or are of a PRN status and will receive the stated in-service upon their return to work. On January 3, 2021 the Administrator met with the Quality Assurance Nurse, Director of Nursing, Nurse Educator and the Assistant Administrator to discuss the self reported incident for verbal abuse by a staff member involving Resident #1. A Quality Assurance Performance Improvement (QAPI)plan was developed that addressed the need for additional in-service for employees on how to manage difficult behaviors in dementia residents to assist in providing an environment free of abuse. Beginning 1/20/21 and as of 01/27/21, the Nurse Educator has conducted an in-service on "Managing Difficult Behaviors in Dementia" as outlined per an article written by Linda Conti, RN-CHPN of Today's Geriatric Medicine. As of 1/27/21 we have had sixty-seven of eighty-nine employees to have been in-serviced on "Managing Difficult Behavior in Dementia". Of the remaining 22 employees they are either on FMLA, are of PRN status and/or absent due to Covid status or exposure. These individuals will be in-serviced on how to "Manage Difficult Behaviors in Dementia" upon their return to work by the Nurse Educator till 100% compliance is met. An audit of the EHR (electronic health record) was completed on 69 of 69 medical records by the MDS Nurse on 01/26/2021, in which 6 residents were found to have the same characteristics of severe

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F 600	Continued From page 3	F 600		

recorded on my phone, is because I really didn't know what to do with it. Everyone knew she had a bad attitude, and everyone knew how she was, and I didn't think what I had on my phone was anything they really didn't already know. I needed to pray about it and decide what to do with it. I quit after I got done that day when the video was shown. I was being harassed by other aides on the floor, and being called a snitch, so I decided it was time to go and I left. I have another job closer to home now."

An interview with the Director of Nursing (DON) on 1/7/2021 at 3:15 PM, revealed CNA #2 came to her on 12/29/2020 morning to report she had observed CNA #1 talking in a rude way to a resident. Stated CNA #2 played a recording of the conversation that had taken place. Stated the recording was dated 12/21/2020. The DON stated she asked CNA #2 why she had waited so long to report the incident and CNA #2 said she needed to pray about what to do. The DON stated she met with CNA #1 concerning the allegation and CNA #2 listened to the recording, but she had no comment. The DON stated CNA #1 was terminated at that time and left the building. The DON stated both CNAs had been in-serviced on Abuse, Neglect and Reporting Abuse or Neglect immediately. The DON stated the incident was reported to the resident's physician, resident's Responsible Party, State Agency, and Attorney General's office. The DON confirmed the facility failed to prevent verbal abuse of a resident and failed to report the alleged abuse in a timely manner.

Review of facility's in-service records and sign in attendance logs, revealed on 6/18/2020, CNA #1 attended an in-service covering Alzheimer's/Hard

impaired cognition with aggressive behaviors. These 6 individuals' care plan were updated to include; 2 caregivers must be present in room while performing direct care. All future admissions assessed to have a potential for aggressive behaviors whether verbal or physical will have a care plan that includes the need and requirement to have 2 caregivers present in room while providing direct care. Staff compliance to the stated care plan should assist in providing an environment free of abuse and/or timely reporting. The facility has enrolled in a performance improvement program through CMS titled snfclinic, electronic learning management system. The anticipated date for the roll out of this program was 01/28/2021 with a commitment from both parties for the improvement of overall staff performance and accountability. Upon acceptance and roll-out of the stated program all staff will be assigned to complete the training module(s) that address abuse and reporting requirements. These continuous in-services and training should assist in core knowledge of staff awareness on the need and requirement to provide an environment free of abuse.

01/20/2021 the Quality Assurance Committee (QA&A) met which included the Administrator, Medical Director, Director of Nursing, Quality Assurance Nurse, Dietary Manager, Assistance Administrator, MDS Nurse, Wound Care Nurse, Nurse Educator, Social Services and Activity Director and included in the minutes the self-reported incident and the

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F 600	Continued From page 4 to Manage Behaviors/ Resident's Rights/Abuse. Review of CNA #1's Certification Record revealed she passed her certification exam on 10/28/2019, with her certification expiration date of 10/31/2021. Review of CNA #1's employee record revealed a clear background check with no violations that would prevent her from working in the facility. Record review reveals Resident #1 was admitted to facility on 4/23/2014 with diagnoses including Dementia with Behaviors, Hypertension, Atherosclerotic Heart Disease, Osteoarthritis, and End State Heart Failure. Review of Minimum Data Set (MDS) Section C Cognitive Patterns, dated 10/27/2020, reveal a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was not interviewable due to severe cognitive impairment. Review of MDS dated 10/27/2020, revealed resident needing extensive assistance of two (2) staff for all Activities of Daily Living care and is always incontinent of bowel and bladder. Resident took anti-anxiety medications for seven (7) days of assessment. Review of Care Plan revealed resident has a care plan for resisting care and dementia with behaviors. There is no evidence of injuries of unknown origin or items that would be suspicious of abuse.	F 600	need for monitoring of residents who have a BIMS score greater than 13 for any situation that they may consider possible abuse by staff or other individuals. A questionnaire was developed and implemented 01/27/21 for the documentation of interviews to include resident name, date, yes/no response and comment section, which will be completed by the QA Nurse for tracking purposes monthly times 4 months. Interviewers being QA Nurse, Social Service Director and Activity Director have ben instructed that if a resident voices any concerns about possible abuse they are to notify the Administrator or DON immediately for further action to be taken. Beginning 1/27/2021 the DON will conduct observational rounds at least weekly times 4 months to a resident room in which the resident has been assessed for severe impaired cognition to observe for any loud voices occurring in room, use of profanity by staff, or generalized misconduct by staff. A decision was made to expand the quality improvement process for monitoring of staff's core knowledge by interviewing at least 24-25 staff members monthly times 4 months beginning 1/27/2021 with responses being documented for further review and validation of knowledge in providing an environment free of abuse for all residents. These interviews will be documented and responses recorded on a log maintained by the QA Nurse as to the date of the interview, name of participant, any negative responses, and final disposition of questions. Any	

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F 600	Continued From page 5	F 600	negative findings will be reported to the Administrator immediately for further review, discussion and possible disciplinary or reporting actions to be taken. All negative findings and actions taken will be reported by the Administrator to the Quality Assurance Committee members at the monthly scheduled QA&A meeting times 6 months for further discussion and possible corrective measures needed	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609		3/19/21

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F 609	Continued From page 6 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 record review, staff interviews, resident interviews and facility policy review, the facility failed to report allegations of verbal abuse timely for one (1) of one (1) abuse allegation (Resident #1). Findings include: Review of the facility's "Abuse, Neglect and Exploitation" policy, not dated, revealed, "Response and Reporting of Abuse, Neglect and Exploitation - Anyone in the facility can report suspected abuse to the abuse agency hotline. When abuse, neglect or exploitation is suspected, the Licensed Nurse should: a.) respond to the needs of the resident and protect them from further incident; b.) Notify the Director of Nursing and Administrator; c.) Initiate an investigation immediately; d.) Notify the attending physician, resident's family/legal representative and Medical Director; e.) Obtain witness statements, following appropriate policies. Suspend the accused employee pending completion of the investigation. Remove the employee from resident care areas immediately; f.) Contact the State Agency and the local Ombudsman office to report the alleged abuse; g.) If a crime, or suspicion or a crime has occurred, notify the local law enforcement agency; h.) Monitor and document the resident's condition, including the response to medical treatment or nursing interventions; i.) Document actions taken in steps above in the medical record."	F 609	Resident #1, was assessed by the DON (Director of Nursing) on 12/29/20 with no noticeable changes in Resident #1's cognition as evident by the fact she could not recall the stated incident nor did her body audit reveal any new bruising. DON stated that Resident #1 responded to her assessment with "You need to just go on down yonder," which is her normal response when she doesn't want to be bothered. The DON did not find Resident #1 to be fearful of her presence or her immediate surroundings at the time of her assessment. On the day of report 12/29/20, the DON interviewed 9 other residents assigned to CNA#1, during her tour of duty for 12/21, 24, 26 and 12/29/20, with none of the 9 stating that they had been mistreated by CNA#1. Four staff members present on 12/29/2020 were interviewed by the DON did not reveal any knowledge of the potential for abuse by CNA#1 prior to 12/29/2020. On 1/13/21 the DON completed another assessment of Resident #1 to assess for any changes in her physical/mental condition with no noticeable changes in either her physical or mental status. On 1/14/21 the Social Service Director completed an assessment of Resident #1 which included staff interviews in regards to any changes in Resident #1's behaviors with no changes being noted. Resident	

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F 609	Continued From page 7 Review of the facility's "Abuse, Neglect and Exploitation" policy, not dated, revealed, "in response to allegations of abuse, neglect, exploitation or mistreatment, the facility must: Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other official (including the State Survey Agency and adult protected services where state law provides for jurisdiction in long-term care facilities) in accordance with State law." An interview on 1/7/2021 at 11:55 AM, with the Administrator, revealed on 12/29/2020, Certified Nursing Assistant (CNA) #2 reported an incident to the Director of Nursing (DON) that occurred on 12/21/2020, involving another Certified Nursing Assistant (CNA) #1 being verbally abusive to Resident #1 while performing resident's care. The Administrator stated CNA #2 did not report incident immediately because she felt she should pray about it first. The Administrator stated the DON then spoke with CNA #1 and she had no comment concerning the allegation. The Administrator stated she was terminated and left the building immediately. The Administrator stated both CNAs had been in-serviced on Abuse and Reporting. Administrator stated the facility self-reported the incident to the State Agency. The Administrator confirmed the facility failed to	F 609	#1 continues to interact with staff and other residents as she historically has done. During the monthly QAPI program Resident #1's behaviors will continue to be monitored for any changes that may indicate she has become fearful of surroundings or staff. CNA#1 was terminated on 12/29/2020 by the DON upon discovery of actions. Following the discussion with the DON, CNA#1 was observed by the DON to retrieve her personal belongings, exit the building and getting into her personal vehicle. Sixty-nine of 69 residents could have been effected by the stated deficient practice. The Nurse Educator has conducted an in-service on Reporting and Response on Abuse, Neglect and Exploitation as outlined per facility policy and Code of Federal Regulations 483.12 as of 12/29/20 to eighty-four of eighty-nine employees. The five employees who have not received this in-service are either on FMLA or are of a PRN status and will receive the stated in-service upon their return to work. On January 3, 2021 the Administrator met with the Quality Assurance Nurse, Director of Nursing, Nurse Educator and the Assistant Administrator to discuss the self reported incident for verbal abuse by a staff member involving Resident #1. A Quality Assurance Performance Plan (QAPI) was developed that addressed the need for additional in-service for employees on how to manage difficult behaviors in dementia residents to assist in providing and environment free of abuse and	

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F 609	Continued From page 8 report an incident of an abuse allegation to the State Agency in a timely manner. During an interview with CNA #1 on 1/7/2021 at 1:15 PM, CNA #1 stated, "That patient was abusive and everyone there knew and didn't do anything about her. I was already letting her get under my skin. I asked her, 'what's new', and when the resident answered me, I said to her 'I don't give a fuck'. I was a CNA for a year, and I've already got another job. I'm a janitor at a warehouse now where my husband works. He got me on down here." When asked by the State Agency about in-servicing on abuse and neglect, she said, "yeah they did what they needed to do about the paperwork and in-services on abuse and stuff. The bottom line is I get paid more where I am now, and I know it is not for me. We had too many bills to pay and it was quick money. Besides, I didn't hit her or make no bruises on her or nothing, I just cussed her, and she don't know right anyway. I'm never going back into healthcare no way, it just ain't for me." During an interview with CNA #2 on 1/7/2021 at 1:23 PM, CNA #2 stated, "I was doing rounds with her at bedtime, and I asked her if she needed my help. (Proper Name for Resident #1) like to hit. I recorded it, she called her an old hag, and a bitch. She stated she was tired, and I've had it up to here and I'm not putting up with this shit. The reason I waited so long to report what I had recorded on my phone, is because I really didn't know what to do with it. Everyone knew she had a bad attitude, and everyone knew how she was, and I didn't think what I had on my phone was anything they really didn't already know. I needed to pray about it and decide what to do with it. I quit after I got done that day when the video was	F 609	reporting requirements. The facility has enrolled in a performance improvement program through CMS titled snfclinic, electronic learning management system. The anticipated date for the roll out of this program was 01/28/2021 with a commitment from both Upon acceptance and roll-out of the stated program all staff will be assigned to complete the training module(s) that address abuse and reporting requirements. These continuous in-services and additional training should assist in core knowledge of staff awareness on the need and requirement to report any abusive situation immediately for timely reporting. On 01/20/2021 the Quality Assurance Committee (QA&A) met which included the Administrator, Medical Director, Director of Nursing, Quality Assurance Nurse, Dietary Manager, Assistance Administrator, MDS Nurse, Wound Care Nurse, Nurse Educator, Social Services and Activity Director and included in the minutes the self-reported incident and the need for monitoring of residents who have a BIMS score greater than 13 for any situation that they may consider possible abuse by staff or other individuals which would assist in identifying possible unsafe environment for residents with severe cognitive impairment. A questionnaire was developed and implemented 01/27/21 and will be completed monthly times six months as evident by documenting of interviews that will include resident name, date, yes/no response and comment section. Interviewers being QA Nurse, Social Service Director and Activity	

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SHEARER-RICHARDSON MEMORIAL NURSING HOME	512 ROCKWELL DRIVE OKOLONA, MS 38860

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F 609	Continued From page 9 shown. I was being harassed by other aides on the floor, and being called a snitch, so I decided it was time to go and I left. I have another job closer to home now." An interview with the Director of Nursing (DON) on 1/7/2021 at 3:15 PM, revealed CNA #2 came to her on 12/29/2020 morning to report she had observed CNA #1 talking in a rude way to a resident. Stated CNA #2 played a recording of the conversation that had taken place. Stated the recording was dated 12/21/2020. The DON stated she asked CNA #2 why she had waited so long to report the incident and CNA #2 said she needed to pray about what to do. The DON stated she met with CNA #1 concerning the allegation and CNA #2 listened to the recording, but she had no comment. The DON stated CNA #1 was terminated at that time and left the building. The DON stated both CNAs had been in-serviced on Abuse, Neglect and Reporting Abuse or Neglect immediately. The DON stated the incident was reported to the resident's physician, the resident's Responsible Party, State Agency, and Attorney General's office on 12/30/20. The DON confirmed the facility failed to report the alleged abuse in a timely manner. Review of facility's in-service records and sign in attendance logs, reveal that on hire on 11/19/2020, CNA #2 was in-serviced on Abuse Program Policies and Procedures and Reporting Abuse. Review of record reveals the facility reported the alleged abuse incident to the State Agency and the Attorney General's office on 12/30/2020. Record review reveals Resident #1 was admitted	F 609	Director have ben instructed that if a resident voices any concerns about possible abuse for appropriate reporting are to notify the Administrator or DON immediately for further action to be taken. A decision was made to expand the quality improvement process for monitoring of staff's core knowledge by interviewing at least 24-25 staff members monthly times 4 months beginning 1/27/2021 with responses being documented for further review and validation of knowledge for reporting any alleged abuse timely. These interviews will be documented and responses recorded on a log maintained by the QA Nurse as to the date of the interview, name of participant, any negative responses, and final disposition of questions. Any negative findings will be reported to the Administrator immediately for further review, discussion and possible disciplinary or reporting actions to be taken. All negative findings and actions taken will be reported by the Administrator to the Quality Assurance Committee members at the monthly scheduled QA&A meeting times six months for further discussion and possible corrective measures needed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A162	A. BUILDING _____ B. WING _____	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 609	Continued From page 10 to facility on 4/23/2014 with diagnoses including Dementia with Behaviors, Hypertension, Atherosclerotic Heart Disease, Osteoarthritis, and End State Heart Failure. Review of Minimum Data Set (MDS) Section C Cognitive Patterns, dated 10/27/2020, reveal a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was not interviewable due to severe cognitive impairment. Review of MDS dated 10/27/2020, revealed resident needing extensive assistance of two (2) staff for all Activities of Daily Living care and is always incontinent of bowel and bladder. Resident took anti-anxiety medications for seven (7) days of assessment. Review of Care Plan revealed resident has a care plan for resisting care and dementia with behaviors. There is no evidence of injuries of unknown origin or items that would be suspicious of abuse.	F 609		