

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted the Complaint Investigation (CI), CI #17664 from 3/22/2021 to 3/25/2021 and the SA substantiated the complaint for failure to allow the residents the right to make financial decisions to purchase an upgraded burial policy for three of seventeen sampled residents reviewed, Resident #2, Resident #3 and Resident #11. The facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm and state licensure requirements and cited M500 at a Level II..	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically	M 500		4/23/21

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/19/21

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 1 contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident 's choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 2 given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 3 facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and policy review, the facility failed to obtain	M 500	1. Resident #2 - Responsible Party (RP) was asked on 3/25/21 if she would prefer to keep his burial policy or have it cancelled and refunded; RP chose to keep	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 4 resident or responsible party permission to upgrade or purchase burial policies for three (3) of seventeen (17) sampled residents reviewed, Resident #2, Resident #3, and Resident #11. Findings include: The facility policy, "Prevention of Resident Abuse, Neglect, Misappropriation or Misappropriation of Property", dated December 2017, noted misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Resident #2 On 3/24/21 at 10:40 AM observation/interview with Resident #2, stated he has not had an upgrade to his burial policy but talk to his sister. He stated he was not aware of any money coming out of his account. He denied giving anyone permission to take money out for a burial policy upgrade. The facility admitted Resident #2 on 5/29/98 with the diagnosis of High Blood Pressure, Type 2 Diabetes, Stroke and Heart Disease. The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 1/28/21 noted Resident #2 had a score of seven (7) on the Brief Interview for Mental Status (BIMS) which indicated moderate cognitive impairment. The Face Sheet indicated the resident is his own Financial Responsible Party. Record review of a check dated 5/7/21 noted one thousand dollars written to the local funeral home for a policy upgrade for Resident #2.	M 500	the burial policy and was advised of resident's right to choose how his funds are spent down. Resident #3 was asked on 3/25/21 if he would prefer to keep his burial policy or have it cancelled and refunded; resident chose to keep the burial policy and was advised of his right to choose how his funds are spent down. Resident #11 - Responsible Party was asked on 3/25/21 if she would prefer to keep his burial policy or have it cancelled and refunded; RP chose to keep the burial policy and was advised of resident's right to choose how his funds are spent down. 2. All other residents with a burial policy transaction within the last year (3/25/20 - 3/25/21) were audited by Administrator on 3/24/21 and 3/25/21; each resident with a transaction was advised (or their authorized RP) on the same date regarding the burial policies and whether they would like to keep or cancel the policies. Each resident or RP interviewed elected to keep their current burial policy. 3. Facility-wide in-services on abuse / neglect / misappropriation were completed on 3/25/2021 by Staff Development Coordinator. Starting 4/21/21, Facility Administrator or Director of Nursing will conduct a monthly meeting to discuss residents in need of a spend-down for Medicaid retention; this meeting will include (at a minimum) the Director of Social Services, the	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 5 Review of a receipt on 5/17/20 for one (1) thousand dollars from the local funeral home for Resident #2. Record review of a check dated 11/18/20 noted one (1) thousand and four (4) hundred dollars written to the local funeral home for a policy upgrade for Resident #2. Review of a receipt on 11/18/20 for one (1) thousand four (4) hundred dollars from the local funeral home for Resident #2 to upgrade the burial policy. Resident #3 On 3/24/21 at 10:55 AM, in an observation/interview Resident #3 stated no one talked to him about a burial policy. He stated he did not have a policy that he was aware of. He denied having any family that takes care of his affairs for him. He also denied having a resident trust fund account. The facility admitted Resident #3 on 8/2/16 with the diagnosis of High Blood Pressure, Type 2 Diabetes, Stroke and Vascular Dementia. The Quarterly MDS with the ARD of 1/7/21 noted Resident #3 had a score of seven (7) on the BIMS which indicated moderate cognitive impairment. The Face Sheet indicated the resident is his own Financial Responsible Party. Record review of a check dated 6/18/20 noted one thousand dollars written to the local funeral home for a policy upgrade for Resident #3. Review of a receipt on 7/28/20 for one (1) thousand dollars from the local funeral home for Resident #3 to upgrade the burial policy. Resident #11	M 500	Administrative Assistant and the Business Office Manager. The purpose of the meeting will be to identify residents in need of a trust account spend-down, verify who is authorized to make decisions regarding said funds, and discuss the resident's individualized needs; this will be reflected in the meeting minutes. The following employees were in-serviced on this practice by the regional Financial Consultant on 3/25/2021: Administrator, Social Services Director, Business Office Manager, Payroll Coordinator, Director of Activities and Director of Nursing. Residents (and/or their RP) identified as needing a trust account spend down will have a meeting with the Director of Social Services or Administrator starting after 4/21/21, to discuss, with a facility witness, the resident's individual needs, educate resident and/or authorized RP regarding choices available and determine how to spend down said funds to better improve that resident's quality of life. The minutes of this meeting will include the decision regarding the account spend-down and signatures from all parties present. 4. Starting 4/8/21, all spend-down purchases will be reviewed and signed off on by the Administrator (or Director of Nursing in Administrator's absence) prior to money being removed from account or spent; additionally, Administrator will review and sign off on all purchases/proofs of purchase to ensure the actual item matches the approved purchase - this will be performed for each spend-down purchase times six months.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 6 On 3/24/21 at 11:10 AM, observation/interview with Resident #11 revealed his sister takes care of all his business but stated no one from the facility has talked to him about upgrading his burial policy. He denied giving permission and has no knowledge of an upgrade. Record review revealed the facility admitted Resident #11 on 7/26/11. The Quarterly MDS with the ARD of 2/19/21 revealed a BIMS of 13 which indicated he was cognitively intact. The Face Sheet listed his sister as the Financial Responsible Party. On 3/26/21 at 11:25 AM, telephone interview with the Responsible Party (RP) for Resident #11 revealed the facility did not notify or confer with the RP regarding the withdrawal of funds from Resident #11's account or of the purchase of pre-planned burial policy or obtain authorization to withdraw money from the resident's account to buy pre-paid burial policy. The RP stated that the resident already had a life insurance policy prior to admission to the facility which she had maintained for him. RP stated that she recently discovered the purchase and believed the facility had spent seven thousand five hundred dollars (\$7,500) from the resident's account on the pre-planned burial policy. Record review of a check dated 1/9/20 noted one (1) thousand five (5) hundred dollars written to the local funeral home for a policy upgrade for Resident #11. No receipt given from the facility. Record review of a check dated 5/7/20 noted two (2) thousand dollars written to the local funeral home for a policy upgrade for Resident #11. Review of a receipt on 5/17/20 for two (2)	M 500	Additionally, all spend-down meeting notes, minutes and outcomes will be discussed in the next QA meeting which will be 4/21/21 and then monthly times six months to review to follow up and make adjustments in the plan as indicated to ensure continued compliance.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 7 thousand dollars from the local funeral home for Resident #11 to upgrade the burial policy. On 3/24/21 at 11:51 AM, during an interview with the Director of Social Services, Licensed Social Worker (LSW). He stated he first noticed a concern after he started to work here on September 16, 2020. He stated he was approached by Resident #15. He overheard him talking to the Administrative Assistant (AA), outside of the office and she told him, "I told you I got you a burial policy". I did not get involved in it at that time because I did not know what was going on. He wanted to see the burial policy that she was telling him she purchased for him. She told him it had not come in yet. Resident #15 kept saying he wanted his 1,200.00 back. They spent 3,500.00 and that was the amount they took out of his account. I found out later there was several residents in batches that had an upgrade to their burial policies by the AA. I called their families and asked if they were aware of the upgrades to the burial policies/burial insurance and Resident #15's family said the AA called them and they told her he could do what he wanted with his money and she didn't care but the resident stated he didn't want it. Resident #15 told me the AA told him it was the law that he had to have a burial policy. In a meeting with the Administrator, he brought it up and I asked, "Where did (proper name) Resident #15's 3,500.00 go?" The AA brought the ledger in and told the Administrator that she had paid Resident #15's burial policy. The remaining months he kept looking for his money. So, each month I would ask the AA about the policy and the AA said it was not in yet. There was nothing in the file regarding Resident #15 requesting this or an invoice or anything. I went in in January and told the AA I needed to see the burial policy because it had been four (4) months.	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 8 She got on the phone. She told me to tell Resident #15 to be quiet that she would get it when she got it. The AA goes and gets the contracts (more than one contract) from the local Funeral Home. Resident #15 said he never requested an upgrade or a policy. I called the funeral home and requested his 1,200.00 back. That was all he ever asked for. The funeral home Director, at the local funeral home, said, "well, I will just send all the money back", when asked for just the 1,200.00 he wanted. So, he sent all the 3,500.00 back. Every single policy that was sent in was sent to the local Funeral Home. The LSW stated he began to see a pattern. Several of them of the 14 or 15 were stacked. You rarely find an obituary from the Funeral Home. The more money a resident had in their account; the more money the AA would spend on their burial policy. Resident #17 died, and the AA said she had purchased a burial policy for him and stated, "it was a good thing I did." He had 14,000.00 dollars "stacked" over a period of years that went to the funeral home. He stated he looked in the residents file and could not find anything about his cremation or burial. Resident #2 came to me and is unable to make decisions on his own. There were three (3) different amounts (1,500.00) deducted from his account and when I talked to his sister she said, "What are you calling me for? Did someone steal his other COVID check, I know he is missing some money". I asked her if he had a burial policy and she said he was not supposed to. She then stated, the AA called about a burial policy and we told her no, and stated, "We did not want one, we can get our own policy if we need one." 3/24/221 3:40 PM, during a continued interview with the Director of Social Services/LSW revealed the following: LSW revealed that his concern	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 9 began with Resident #15's concerns regarding his money and burial policy, and that he periodically requested that the Administrative Assistant provide the actual burial policy. LSW stated that it was when he stated to the Administrative Assistant, "It has been four months, I need that burial policy", that the Administrative Assistant physically went to the local Funeral Home and returned with paperwork on Resident #15's policy and "several others for several other residents". LSW stated that he met with the Administrator, the Administrative Assistant, and the Business Office Manager and explained that no facility staff had the authority to decide how resident's funds should be used or to purchase burial policies without expressed written permission from the resident or person designated to make decisions for the resident. LSW stated he talked to Resident #2, who was not able to answer and then called Resident #2's sister. He stated the sister's first response was "So who stole his (Resident #2's) COVID check this time? Somebody got his twelve hundred dollar one". LSW stated that both of Resident #2's sisters came to the facility "to ask about the missing money and the burial policy". LSW stated that the Administrative Assistant (AA) would not come out and speak with the Resident #2's sisters. LSW stated that Resident #2 came to him with his quarterly statement and asked him for help understanding the statement and that one (1) thousand four (4) hundred dollars (\$1,400) had been taken out of his account in October or November 2020. According to Resident #2's quarterly statement, and on the outside of the envelope, was written "\$245.00" with another deduction of one (1) thousand five (5) hundred dollars (\$1,500) "hand-written on the statement and attributed to 'Insurance Premium'". LSW stated that at that point he had no more	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 10 discussions with the AA. LSW stated that in January or February of 2021 he sent an email to the Facility Administrator with concerns regarding the use of the resident's funds and the burial policies. LSW stated that he was told that the concerns were forwarded to the Regional Director. LSW stated that he attended a conference with the Facility Administrator and the Regional Director and was told, "Things were not quite what it looks like." The AA didn't do anything intentionally. She is a designated payee with the right to sign the paperwork. We trust our auditor." LSW stated that he was also told that "everything had been reported to the appropriate authorities" but later discovered that the only incident reported was Resident #15. LSW reported Resident #11 approached him and reported money was taken out of his account. LSW reported calling and speaking with Resident #11's sister, who reported money being taken out of the resident's account but never brought the quarterly statement to him as requested. On 3/25/21 at 9:42 AM, in an interview with the Facility Administrator, a list of all the residents that had upgrades of premiums of life/burial policies with the local Funeral Home in the last 12 months was given to the State Agency (SA). A total of 21 residents had upgraded policies or new policies with the local Funeral Home. Four (4) of these residents has since died, Unsampld resident, Resident #17, Unsampld resident, and Resident #16. He stated Resident #16 was transferred to another nursing home before he died. There was a total of \$54,041.12 for burial policy upgrades for the residents on this list. On 3/25/21 at 1:10 PM the State Agency (SA) interviewed the Funeral Home Director (FHD) in his office at the local Funeral Home. During the	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 11 interview he stated the facility contacted him with requests for pre-paid burial insurance. When asked who from the facility would contact him, he answered the AA. When asked what he was told, he stated "that they were doing a spend down". During the interview the FHD stated "All the Medicaid will allow them to have is two thousand dollars so Medicaid will allow them to spend it on burial". The FHD stated the LSW made some of the families think they didn't have a say in anything. I know some of the families personally, so I know that's just not true. The LSW didn't understand the spend down.". The FHD reported, "Whatever we collect we send directly to the insurance company. We don't get anything off of that. The FHD also stated "The families do not have to use our funeral home. The burial insurance can be paid to any funeral home. Two residents died last month and used different funeral homes". The FHD reported that Resident #17 had no family and when he got sick at the nursing home, he was transferred to the hospital and died, and the LSW was trying to get the resident sent to another funeral home. The FHD stated the LSW requested paperwork for Resident #17, but all the funds he had went to the insurance company for grave space, casket, headstone, everything, but I know that's where it started right there." Regarding the procedure for obtaining the burial insurance policy, the FHD stated "The only thing we do when they come in is to take the application. When the policies were made, the local funeral home was the provider and when they passed, we would send to the insurance to collect for payment for the funeral. The insurance company would reimburse you for the services and the rebate would go back to the nursing home but all the money would be spent on the services. The FHD specifically stated Resident #11 and Resident #2's families and	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 12 Resident #8, all knew about the burial policies for their family members, and that he had sent a letter detailing the policy for Resident #11's family. The FHD stated at the end of January or early February, about six weeks ago, shortly after the stimulus checks went out the LSW called and this was my first notification that Resident #15 wanted the funeral home to keep fifteen hundred dollars (\$1,500.00) for a cremation and refund the rest, but the entire amount was returned from the insurance company to the nursing home. The FHD stated the AA didn't write the checks, she just initiated the application to the insurance. On 3/25/21 at 2:08 PM in an interview with the Regional Director, he stated the AA was sent home pending new allegations of Misappropriation of Funds that was discussed with him by the Social Worker yesterday. He stated that all of the families and residents with concerns involving the upgraded burial policies have been contacted and no one has had concerns. He stated the resident that had concerns, Resident #15, has already had his money returned to him. The other residents that can no longer make decisions, we are their representative payee and act on their behalf. If they have too much money in their account, the AA will let us know. It takes two (2) signatures from the business office for a check to be written for anything if we are acting on the resident's behalf. He also requested to provide a copy of the last investigation regarding concerns regarding resident trust funds and burial policies. SA told him we would accept anything that he gives us. When asked if the facility has applied for a conservator to be appointed by the Chancery Court and he stated there is only one (1) conservator in this County and he is no longer taking any new cases. I asked him if the facility	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 13 should at least attempt and he responded, "Yes". On 3/25/21 at 2:52 AM, in an interview with the Administrative Assistant, she stated if a resident has too much money in their accounts, we will look at their balances. She stated we will get with Social Services and see what kind of spend down we need to do. Sometimes it will be shopping, beds, chairs but it has been a long time since we have bought anything like that. She confirmed they had purchased a lot of upgrades in burial policies. She stated usually, the Social Worker decides what to buy but I make decisions on what kind of spend down we make. In the past the Administrators would make big purchases. I am the Representative Payee so that is what gave me the authority to upgrade their burial policies. I did it because that was a solid thing they needed, and they would need in the end. I don't separate that from buying something for them or buying a burial policy. The amount I write their burial policy for depends on how much they have into their account. I don't know who told me I could do that; I have been doing that since I have been here for 18 years. She stated she only purchase policies if they are not able to make the decision on their own. Asked who gave authorization to spend their money for the things she saw fit, and she said she was not sure that she just thought that when Social Security made her the residents Representative Payee that she could make decisions for the residents. I think it was just convenience for us just to spend down the money. It was the easiest way to spend down the money. She confirmed that is not what is always best for the resident. There is no other guardianship or legal representative, I was just assigned to be their Representative Payee. Social Security determined the facility to be these residents Representative Payee. We send in a	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE
M 500	Continued From page 14 letter or form after the doctor signs it saying the resident can no longer make decisions and then we send it in to Social Security. Some of the residents we discussed the burial policies with them but some of them that I know can't make decisions for themselves, we went ahead and got these policies for them. I purchased policies for all of the residents on the list because we are their Representative Payee. Resident #14 could not give consent, Resident #13, Resident #12, Resident #11, Resident #10, Resident #9, Resident #8, Resident #7, Resident #6, Resident #5, Resident #4, Resident #3, and Resident #2, were discussed with Social Services and the Office Manager. On 3/25/21 at 3:36 PM, in an interview with the Regional Business Office Consultant, she stated when the initial complaint came in on February 2, 2021, she came in and looked at the four (4) residents the LSW told her about. She stated she, "started looking at our policies and procedures". She stated she looked to see if the facility was Representative Payee for the residents in question, and they were. On the second day she stated she asked for their cash box to see if it was reconciled and balanced and it was. She stated during her first day review, she saw other residents that had insurances purchased on to see if the facility was Representative Payee and they were. She stated then on the second day, she pulled from the Internet what the duties are for a Representative Payee. She stated she then concluded that under the AA's understanding of being the Representative Payee that she was doing what was in the best interest of the residents doing a spend down, so they didn't get disqualified of their Medicaid. Asked if this looked suspicious to her that they were only spending money on burial	M 500		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30CD	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/25/2021
NAME OF PROVIDER OR SUPPLIER SINGING RIVER HEALTH AND REHABILITATION CEN'			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 MAIN STREET MOSS POINT, MS 39563		
(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) COMPLETE DATE	
M 500	Continued From page 15 policies? She did not answer the question but then responded, if a resident is admitted without a representative and we need someone for the paperwork to file for Medicare or Medicaid, then we do go to the Chancery Clerks office to get conservators but denied having done this. On 3/25/21 at 4:06 PM in an interview with the Facility Administrator, stated he has been the Administrator since August 26, 2019. He stated from this point forward the facility will make decisions more resident centered with the Interdisciplinary Team to see what the resident needs most to spend down their money. We can also make them aware of other things other than a burial policy.	M 500			