STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255262	A. BUILDING _____ B. WING _____	C 10/31/2019

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

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F 000	INITIAL COMMENTS On 10/31/19, the State Agency (SA) conducted a complaint investigation, CI MS #16338, from an anonymous report. The complaint was substantiated for pharmacy services. The SA determined the facility was not in compliance with Medicare and Medicaid Requirements of Participation. The SA cited deficiencies at F606, and F755. The facility census was 50 on 10/31/19, and the facility held a license for 60 beds.	F 000		
F 606 SS=D	Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. This REQUIREMENT is not met as evidenced	F 606		12/12/19

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

Electronically Signed | 12/12/2019

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F 606	Continued From page 1 by: Based on record review, staff interview, and facility policy and procedure review, the facility failed to verify the required background check information and reference checks, in accordance with Law and in accordance with the facility's policies and procedures, to rule out the potential for abuse, neglect, and exploitation, for one (1) of five (5) personnel records reviewed, Certified Nursing Assistant (CNA) #1. Findings include: Review of the facility's "Criminal background History Check" policy and procedure, dated 10/3/2003, revealed: The facility shall require a criminal history record check on every new employee. No employee hired shall be permitted to provide direct patient care until the results of the criminal history record check have revealed no disqualifying record, or the employee has been granted a wavier. If such criminal history check discloses a felony conviction, guilty plea, of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense, child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and /or battery of a vulnerable adult, which has not been reversed on appeal or for which a pardon has not been granted, the employee applicant shall not be eligible to be employed by the facility. Review of the facility's "Hiring" policy, revised 12/13/17, revealed the Department Head has the responsibility to determine whether an applicant is technically qualified for the position open, and if the applicant is compatible with the work environment. The applicant should be checked	F 606	The following Plan of Correction (POC) is being submitted as required by Federal Regulations. The submission of this POC is not to be construed in any way as an admission by the facility as to accuracy of the citation, nor the finding of the fact. Employee #1 was removed from schedule until background check was located. Background check for Employee #1 was located in the Director of Nursing office on 11/01/2019. Background profile, reference checks, and conviction report was placed in the personnel file of Employee #1 on November 1, 2019. All documents were reviewed by the Nursing Home Administrator on 11/01/19 and noted that Employee #1 did not have a disqualifying event for employment in Facility. All current employee files were reviewed for background profile, completion of reference checks, and conviction report by Business Office Manager (BOM) on 10/31/2019. There was a total of 52 employees reviewed by the BOM with only one discrepancy noted. An as needed employee was notified by the BOM of background check not being available. The employee was able to provide a copy of her background check before starting her shift on 11/5/2019. There was no disqualifying event. Also, a reference check audit of 52 employees was completed by BOM on 12/10/2019 with no discrepancies noted. The Business Office Manager (BOM) was inserviced on 12/09/2019 regarding the	

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F 606	Continued From page 2 with the Abuse Registry and for proper certification and/or license. This should be signed and dated as checked in the space provided on the application. Following a decision to hire the applicant, a conditional offer of employment will be made, which should include any necessary contingencies or disclaimers. A determination as to whether the applicant has the legal right to work in the United States will then be made and, where appropriated, credit, personal reference, and criminal conviction checks would be made. Review of the personnel records of CNA #1, revealed no documented verified references, no conviction report, and/or background profile information in the records. Record review revealed CNA #1 had a hire date of 5/15/17. The personnel record contained a letter from the background check agency, dated May 3, 2017, which documented CNA #1 "may have one of the disqualifying events specified in 43-11-13." The facility had no documentation of the disqualifying event for CNA #1, the arrest record and/or (RAP) sheet/record, and no waiver documented in the personnel record of CNA #1, as required, and per facility policy and procedure. CNA #1's registry verification, dated 5/3/17 and 10/31/19, revealed no adverse findings of abuse, neglect or misappropriation of property on file with the MS Nurse Aide Registry. In an interview, on 10/31/19 at 3:50 PM, the Business Manager (BM) confirmed the reference checks for CNA#1 had not been obtained by the previous Director of Nursing (DON), who was responsible for the information. The BM stated there is no documentation to confirm what type of disqualifying event CNA #1 may have had prior to	F 606	hiring process to ensure background profile, reference checks, and conviction report is gathered prior to new hire start date. The BOM will audit new hires paperwork prior to starting work in the facility weekly to ensure criminal background checks and reference checks are obtained for the protection and security of residents and staff. The Administrator will audit all new hires paperwork monthly to ensure compliance for a minimum of three months. Results of these audits will be brought to the Quality Assurance/Performance Improvement Committee for review and recommendations for 3 months or until substantial compliance is achieved.	

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F 606	Continued From page 3	F 606		

employment. The BM stated the previous DON should never have allowed CNA #1 to work until the reference checks had been completed and the disqualifying event had been confirmed. The BM stated she had called CNA #1 on 10/31/19, to obtain a copy of her arrest report (RAP) sheet/record, and CNA #1 did not have the report, and did not know what the disqualifying event was for May of 2017. The BM confirmed CNA #1 should not work until the disqualifying information is obtained. The BM stated that the previous DON was very disorganized and did not maintain personnel records in accordance with facility policies and procedures.

Review of the Resident Council meeting minutes, dated 10/29/19, revealed Resident #1 and Resident #2 had documented concerns that CNA #1 had been rough and had spoken to them in a disrespectful manner.

In an interview, on 10/31/19 at 1:30 PM, the Activities Director (AD) revealed he was present at the Resident Council meeting on 10/29/19, and helped the Residents conduct their meeting. The AD confirmed the residents did verbalize concerns about the rough manner in which CNA #1 handled them during delivery of care, and the residents voiced concerns about the disrespectful language and shortness in speech of CNA #1 during delivery of care. The AD stated he specifically asked Resident #1 who the CNA was that was rude to them; she identified CNA #1 by name and by the shift she worked. The AD stated Resident #1 reported the CNA jerks the covers and puts them in the bed too fast and hard and had an attitude. The AD stated he reported the Resident's concerns to the Director of Nursing.

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F 606	Continued From page 4 During an interview on 10/31/19 at 3:45 PM, the facility Administrator (ADM) revealed she was in the process of investigating the concerns expressed by the residents during the Resident Council meeting, concerning CNA #1. (CNA #1 had been suspended on 10/30/19, pending investigation). During an interview on 10/31/19 at 4:00 PM, Resident #1 stated a night CNA, she couldn't remember her name, had been rough with her, when she placed her in bed. She stated she reported this to the AD, and he could reveal the CNA's name. During an interview on 10/31/19 at 4:15 PM, Resident #2 stated a CNA was rude and disrespectful when she talked to Residents, but she would not give the name of the CNA.	F 606		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 755		12/12/19

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F 755	Continued From page 5 §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to provide medications for one (1) of five (5) Residents reviewed for pharmacy services, Resident #5. Resident #5 was admitted to the facility on a Saturday and some of her medications were not available until Monday. Findings include: Review of the facility's "Medication Orders" policy, dated November 1, 2008, revealed Medications are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe. Verbal orders are received only by licensed nurses or pharmacists and confirmed in writing by the prescriber. Each medication order is documented in the resident's medical record with the date, time, and signature of the person receiving the order. The order is recorded on the physician order sheet and on the Medication	F 755	All pending medications were ordered and received from Long Term Care (LTC) Pharmacy on 10/15/2019. Resident number 5 was admitted on 10/12/2019 and discharged on 10/19/2019 from facility. Cholecalciferol ordered and given on 10/13/2019. Florajen3 ordered on 10/13/2019, received on 10/14/2019. Gabapentin ordered on 10/15/2019 and received on 10/15/2019. Losartan ordered on 10/14/2019, received on 10/14/2019. Multivitamin ordered on 10/13/2019, given on 10/13/2019. Spironolactone-HCTZ ordered on 10/13/2019, given on 10/15/2019. Vitamin B-6 and Vitamin C Tablet ordered on 10/13/2019, given on 10/13/2019. Aspirin Tablet ordered on 10/14/2019, given on 10/14/2019. Docusate Sodium Capsule and Meloxicam ordered on 10/12/2019, given on 10/12/2019. Metoprolol Tartrate,	

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F 755	Continued From page 6 Administration Record (MAR) or Treatment Administration Record (TAR). Non-emergent ordered medications will be given after the next regularly scheduled pharmacy delivery to the facility. Medications contained in the emergency supply will be administered prior to the regularly scheduled pharmacy delivery and medications not contained in emergency supply with be ordered with the pharmacy provider and/or back up pharmacy provider and be given as soon as received. Review of the Monthly Grievance/Concern Log, dated 10/18/19, revealed Resident #5 issued a grievance, which included: Upon admission she did not receive her medication timely. She was admitted on a Saturday. The follow-up investigation person was assigned to the Director of Nursing (DON), which included in-service of all nurses on the proper procedure to obtain meds from the back-up pharmacy, making sure all understood the process. Review of Resident #5's medical record revealed she was admitted to the facility on Saturday 10/12/19, for aftercare follow-up for Joint Replacement of the Knee Joint. Review of Resident #5's Brief Interview for Mental Status (BIMS) score was assessed as 15, which indicated Resident #5 had no cognitive impairment upon her admission to the facility on 10/12/19. Resident #5 was discharged from the facility on 10/19/19. Review of Resident #5's physician orders and the Medication Administration Record (MAR), dated Sunday 10/13/19, revealed Resident #5 did not receive the medications of Florajen Capsule	F 755	Toprol, Vitamin E ordered and given on 10/12/2019. Cyclobenzaprine pro re nata (PRN) ordered on 10/12/2019, received on 10/12/2019. Oxycodone (PRN), Tramadol (PRN), and Tylenol (PRN) ordered and received on 10/12/2019. The RN Supervisor and Director of Nursing (DON) assessed Resident #5 for any negative outcomes from omission of medication. The Physician was notified of by RN Supervisor of results of findings with no new orders noted. Medicine carts located on South and North Hall were audited on 12/9/2019 for receipt of medication for all new admissions admitted within the last fifteen (15) days to facility. On North Hall there were no discrepancies noted due to no new admits. South Hall had a total of six new admits from 11/25/2019-12/10/2019. There was no discrepancy noted. Eight (8) nurses were inserviced by DON regarding proper procedures for ordering medications from the pharmacy for routine and emergency medications to include procedures for ordering after hours and from backup pharmacy on 10/14/2019. The TCU manager will audit all new admissions records beginning 12/09/2019 weekly for four weeks, three (3) medication administration records biweekly for three weeks, and then two (2) medication administration record for two weeks to ensure all medications are received from the pharmacy, document findings and take corrective action as needed. The TCU Manager will report findings from the record audits for	

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F 755	Continued From page 7 (Probiotic Product), which was ordered: Give one (1) capsule by mouth once daily for Chron's; Gabapentin Capsule 400 milligram (MG) , with an order: Give one (1) capsule by mouth once daily for total right Knee arthroplasty; Lansoprazole Tablet Disintegrating 30 MG, ordered: Give tablet by mouth once daily for Reflux; Lorsartan Potassium-HCTZ Tablet 100-12.5 MG, ordered: Give one (1) tablet by mouth once daily for Hypertension; Spironolactone -HCTZ Tablet 25-25 MG, ordered: Give one (1) tablet by mouth once daily Hypertension; and Vitamin E-400 Capsule (Vitamin E), ordered: Give one (1) capsule by mouth two (2) times a day for deficiency; Review of Resident #5's MAR dated Monday 10/14/19, documented the following medications were not given to Resident #5 on Monday 10/14/19: Losartan Potassium-HCTZ Tablet 100-12.5 MG, Spironolactone -HCTZ Tablet 25-25 MG, and Vitamin E-400 Capsule (Vitamin E). In an interview the Social Services Director (SSD), on 10/31/19 at 2:00 PM, confirmed Resident #5 had complained on 10/18/19, of not getting her medications after she was admitted on 10/12/19, (for several days). The SSD confirmed Resident #5 was admitted to the facility for rehabilitation of a knee replacement and she had since been discharged. In an interview on 10/31/19 at 3:45 PM, the Administrator (ADM) revealed she was aware Resident #5 had not received her medications, as per the physician's orders, because the nurses did not follow the established policy and procedure for ordering medications from the	F 755	medication availability to the Quality Assurance and Performance Committee monthly for review, revision, and/or resolution of plan.	

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F 755	Continued From page 8	F 755		

back-up after-hours pharmacy. The ADM confirmed Resident #5 was admitted on a Saturday (10/12/19) and she had not received her medications on Sunday (10/13/19). The ADM stated they were in the middle of conducting investigations of the complaints Resident #5 issued to the Social Services Director (SSD) about not receiving her meds upon admission on a weekend, as well as other Resident concerns.

Interview with Registered Nurse/Nurse Consultant (RN #1), on 10 /31/19 at 4:30 PM, revealed Resident #5 was admitted on a Saturday (10/12/19) and she did not receive her medications on Sunday 10/13/19, and Monday 10/14/19, as ordered by the physician, because the medications were not ordered from the pharmacy, as per facility procedure. RN #1 confirmed they were aware of the issue, and the facility was in the process of in-servicing all nurses on the back-up pharmacy procedures for ordering medications after hours and on weekends and Holidays. RN #1 confirmed the medications were not given to Resident #5, because they did not order the medications for Resident #5 until Monday (10/14/19).