MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46FM	A. BUILDING: _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA REHABILITATION AND HEALTHCARE CEI	1506 NORTH MAIN STREET COLUMBIA, MS 39429

(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 Investigations (CI), CI #16776 and CI # 17074, on 11/23/2020 through 11/24/2020. CI #17074 was not substantiated regarding Resident # not being taken to Doctors appointments and quality of care. CI #16776 was substantiated related to an elopement, when the facility failed to provide adequate staff supervision to prevent Resident #1's elopement. On, 04/13/2020, Resident #1 was last seen by facility staff at 5:53 AM. Resident #1 eloped from the facility on 04/13/2020 from approximately 5:53 AM when he was last seen, till 7:50 AM. Resident #1 was missing, unsupervised and away from the facility for an undetermined amount of time. The last staff person to see him in the facility was a dietary staff at 5:53 AM. The facility staff was not aware of Resident #1's absence until he was discovered across the street, walking down the road by staff coming to work at 7:50 AM. Resident #1 was returned to the facility at 7:50 AM by two Certified Nurses Assistants (CNAs). Resident #1 was assessed for any signs and symptoms of injury and pain. His wander bracelet was intact and working when he was returned to the facility. The nurse's notes dated 4/13/20 at 18:12 and 7:27 AM documented "staff member witnessed resident walking down the street. Resident was soaked wet and shaking." During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) was identified on 11/23/2020, which occurred on 04/13/2020 and existed at: 45.21.8, M 640, Accidents, Level IV.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/05/21

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M 000	Continued From page 1 The facility's failure to provide adequate supervision to prevent an elopement of Resident #1 who was an elopement and wander risk and allowed the resident to be away from the facility, unnoticed and unsupervised until an employee coming to work observed Resident #1 wandering in the street. This situation placed Resident #1 and other residents with wandering behavior and at risk of elopement and could likely cause serious injury, harm, impairment or death. Based on the facility's implementation of corrective actions on 04/13/2020, the SA determined the IJ and Substandard Quality of Care (SQC) to be Past Non-Compliance (PNC) and the IJ was removed as of 04/14/20, prior to the SA's first entrance on 11/23/2020. The SA notified the facility's Administrator of the PNC IJ and SQC on 11/23/2020 at 2:40 PM. At the time of the survey, the facility had a census of 87, and held a license of 108 beds.	M 000		