STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	111 CHASE STREET BYHALIA, MS 38611

(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 COVID-19 Focused Infection Control Survey, along with a complaint investigation MS00017102, MS00016831, MS00016798, MS00016719 at facility on 10/19/20 through 10/21/20. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The SA conducted a complaint investigation of MS00016553 at the facility on 10/19/20 through 10/21/20 and found that the facility was not in compliance with Medicare and Medicaid regulations and was cited F600 at a D level for verbal abuse. Census at time of the survey was 41 with a bed capacity of 60.	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:	F 600		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	111 CHASE STREET BYHALIA, MS 38611

(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 600	Continued From page 1	F 600		

Based on record review of a facility reported incident that occured on 01/16/20, staff interviews, and facility policy review the facility failed to ensure that Resident #1 was free from verbal abuse from an employee (CNA#1) for one of five allegations of abuse/neglect that were reviewed.

Review of the facility policy titled, "Abuse Prohibition Policy," dated 03/18/19, stated, "Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging or derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability."

Record review on 10/19/20 revealed that an investigation dated 01/16/20 by the facility stated that the resident had gone to the restroom and he had gotten bowel movement all over the floor, toilet and himself and he had used the call light and Certified Nursing Assistant (CNA) #2 came in to answer his call light and provide help to Resident #1. When CNA #2 entered the room she told him that they would get him cleaned up and she went to get help from his assigned CNA #1. When CNA #1 entered the resident's room she began using profanity towards the resident and profanity regarding the situation. CNA #2 told CNA #1 to shut up and told her to leave the room. Record review revealed that after the CNA took care of the resident she went and reported the incident to the Registered Nurse (RN) Supervisor #1 who then reported it to the Director of Nursing (DON) and the facility immediately began an investigation into the incident and suspended CNA #1 pending the investigation. The investigation revealed that the facility later

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	111 CHASE STREET BYHALIA, MS 38611

(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 600	Continued From page 2	F 600		

substantiated the allegation and terminated CNA #1 on 01/17/20 for verbal abuse. The facility reported this incident to the SA, Attorney General (AG) office, the State Ombudsman office and ultimately terminated CNA #1 on 01/17/20 after the complaint of verbal abuse was substantiated by the facility.

An interview with the Director of Nursing (DON) on 10/21/20 at 10:00AM recalled the incident that occured on 01/16/20 with CNA #1 and stated, "We suspended her right away after I spoke with the resident and the other witnesses. There were two CNAs who had to take her out of the room because she was cussing and yelling. She never came back to the facility even for an exit interview, she told the Administrator that she didn't even want to talk about it."

An interview with CNA #2 on 10/21/20 at 11:10AM stated that she was on the shower team that day and she was walking down the hall and noticed the call light on for Resident #1's room and she entered the room and saw him in the bathroom with bowel movement in the floor, on the toilet seat and all over himself. She stated that she went to get help with cleaning him up and that CNA #1 was his CNA for the shift so she called for her to come help her. When CNA #1 walked into the bathroom she immediately began cussing towards the resident and stated, "They ain't no sense in this shit, I ain't got time to be cleaning up your shit, you can get a rag and clean yourself up, I'm quitting this job, I'm sick of this shit." CNA #2 stated that she began telling CNA #1 to hush and leave the bathroom and that she would just clean the resident up and CNA #2 stated that CNA #1 would not be quiet and continued to yell profanities towards the resident. She stated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	111 CHASE STREET BYHALIA, MS 38611

(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 600	Continued From page 3	F 600		

at that time another CNA #3 entered the resident's room and they both removed CNA #1 from the room and reported the incident to the RN supervisor.

An interview with CNA #3 on 10/21/20 at 11:20AM stated, "I heard (CNA #1) yelling and cussing and that's why I went into the room and I saw CNA #2 in the bathroom with the resident and she was trying to clean him up while he sat on the commode and CNA #1 was at the door of the bathroom yelling that there ain't no sense in this shit that he would have an accident on himself and she was cussing saying she was sick of this shit and that he expected her to clean up his shit and that she was sick of this job and he could clean up his own shit." "It was pretty bad, it was like she had snapped. I told her to go several times and to get out of the room and it took me and the other CNA to remove her out of his room." CNA #3 stated that she immmediately went into Resident #1's room again and began to apologize to him that this occured and he said that he was glad that I was nice to him but that he wanted to speak to somebody about what happened because he didn't think that was right how she talked to him, so we went and got the RN #1 Supervisor to come talk to him.

An interview with the Administrator on 10/21/20 at 11:40AM confirmed the incident investigation and that the facility substantiated the incident and she stated, "There was no doubt it happened, the resident was very cognitive and the witness statements validated it. I don't know if the CNA had something personal that she was dealing with that day or what, but she just snapped. I followed up with the resident several times after that day and he was fine. I always saw him in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	111 CHASE STREET BYHALIA, MS 38611

(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 600	Continued From page 4	F 600		

dining room eating and we would talk."

An interview with the RN #1 Supervisor on 10/21/20 at 11:55AM confirmed the incident and stated that the two CNAs came to get me and told me that CNA #1 had talked badly to the resident and that she cussed him and told him that he could clean his ownself up after he had an accident with his bowel movement. I went to talk to CNA #1 and I got a statement from her and I told the DON and her and I went to talk to the resident. The Resident told me that CNA #1 had told him to clean up his own shit and she was cussing him. RN #1 stated that she had never seen CNA#1 act like that to a resident. RN #1 stated that she had heard CNA #1 cuss in the breakroom but had never seen her act that way towards a resident. RN#1 stated that she took care of the resident everyday that he was at the facility and the resident never mentioned the incident again and we had told him that the CNA was fired and that we had reported her to the State Department of Health and he was fine. He never had any more problems or complaints during his stay.
Record review of the Social Worker (SW) notes indicated that follow up had been completed with the resident and he had been followed for any further issues and none were found.

The SA attempted to contact CNA #1 six times at four different contact numbers and was not successful.

Record review on 10/19/20 revealed that Resident #1 was admitted to the facility on 01/14/20 for fracture of left tibia and left fibula and obesity. The resident had a brief interview for mental status (BIMS) on admission to the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	**111 CHASE STREET BYHALIA, MS 38611**

(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 600	Continued From page 5 on 01/14/20 and revealed a BIMS score of 15, indicating full cognitive ability. Resident #1 discharged home on 03/26/20 after completion of therapy.	F 600		