

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2019
NAME OF PROVIDER OR SUPPLIER CEDARS HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 WEST MAIN STREET TUPELO, MS 38801		
(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 #16399 on 11/25/19. Concerns identified in the complaint were related to a facility reported incident for misappropriation of property. These concerns were substantiated, and the facility was cited F602. The SA determined the facility was not in substantial compliance with requirements of participation in Medicare and Medicaid.	F 000			
F 602 SS=D	The facility had a census of 134 at the time of the complaint survey, with a license for 140 beds. Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure one (1) of four (4) residents reviewed, was protected from misappropriation, Resident #1. Findings include: Review of the facility's "Abuse, Neglect and Exploitation" policy, dated 1/25/17, revealed: Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Misappropriation of Resident	F 602	F602--- The facility will safeguard that residents are free from misappropriation: Resident # 1 was assessed by the Registered Nurse (RN) on November 2, 2019 for any complications related to the incident and no psychosocial harm was found. The RN reported the incident to the Administrator and DON. The facility replaced the elder's money on November, 12, 2019. All elders living at Cedars had the potential to be impacted by the stated	1/10/20	

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

TITLE

(X6) DATE

Electronically Signed

12/16/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 602	Continued From page 1 Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent. Review of the facility's report and investigation, dated 11/4/19, revealed on 11/2/19, Resident #1 reported \$60 and her Green Dot card, missing from her wallet, after returning from the dining room. Upon review of video surveillance, from 11/2/19, the video footage revealed CNA #1 was seen entering Resident #1's room at 12:10 PM, after Resident #1 and her sister left to go to the dining. At 12:12 PM, CNA #1 was seen exiting the resident's room. Further review of the video revealed, Resident #1 returned to her room at 12:40 PM, remained in her room the rest of the day and no staff entered her room unattended. CNA #1 was suspended pending the outcome of the investigation. The facility refunded Resident #1 \$60 in cash and the debit card was deactivated, with no charges made to the card. An addendum to the facility's report, revealed the Administrator contacted CNA #1 via telephone and terminated her for this incident. Review of a typed statement, dated 11/2/19, and signed by Registered Nurse (RN) #1, documented she was notified by the floor nurse, Resident #1 had reported money was stolen from her purse. RN #1 documented she took a statement from Resident #1, with the floor nurse present. Resident #1 reported her sister had visited, and had lunch with her on the day of the incident, and had given her a \$10 bill. Resident #1 further reported having \$50 cash in her wallet, with several coins amounting to another \$10. Resident #1 reported she left her purse in a recliner and covered it with a jacket, when she	F 602	deficient practice. All elders at Cedars were interviewed by the Social Worker on November 4, 2019 and no negative findings were found. All employees of Cedars were in-serviced on November 11, 2019 by the Director of Nursing on Abuse, Neglect, Exploitation and Misappropriation of Funds. All Department Directors, RN Coordinators, Quality Assurance Nurse, Activities, Restorative Nurse, Director of Nursing, Dietary, Therapy, Minimum Data Set Nurses, and Certified Nursing Assistants (CNAs) were in-serviced on 12/2/19 by the Administrator and Assistant Administrator on Abuse, Neglect, Exploitation and Misappropriation of Funds. All employees were in-serviced on Abuse, Neglect, and Exploitation by 12/6/19. A Dementia Training and Mental Health In-service was provided by a Certified Mental Health professional and offered to all staff on 12/4/19. The Interdisciplinary Team will discuss daily Monday-Friday if misappropriation or missing items have been reported in their stand-up meeting. Beginning December 13, 2019, the Social Worker will interview five (5) elders weekly for four (4) weeks, then monthly for six (6) months. This will be incorporated into our Quality Assurance Performance Improvement Plan. This plan of correction will be monitored weekly at the Quality Assurance Performance Improvement (QAPI) meeting until such time consistent substantial compliance has been reached.		

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F 602	Continued From page 2 and her sister left the room to eat lunch. RN #1 documented when Resident #1 returned from lunch, she discovered the cash in her wallet, the coins, and her Green Dot debit card was missing. RN #1 documented she notified the Administrator and reported the incident. During an interview and observation, on 11/25/19 at 9:40 AM, Resident #1 was noted to be alert and oriented. Resident #1 stated she had \$60 taken from her wallet a few weeks ago. She confirmed the facility replaced the money. An interview with the State Investigator, from the Attorney General's (AG) office, on 11/26/19 at 9:30 AM, revealed when the AG's office conducted their investigation, CNA #1 confirmed by phone, she had taken the money from Resident #1's wallet, while Resident #1 was out of her room. The State Agency (SA) was unable to reach CNA #1 by phone during the SA's visit on 11/25/19. Record review of CNA #1's employee file/in-service records, revealed CNA #1 was hired on 03/15/18, and signed a policy regarding Abuse, Neglect, Exploitation, and Resident Rights on 03/21/18. Review of the facility's in-services titled, "Abuse and Neglect", dated 10/26/18 and 2/13/19, revealed CNA #1 documented her signature, as being in attendance. Review of the Face Sheet, revealed, Resident #1 was admitted by the facility on 10/25/19, with diagnoses, which included Chronic Obstructive Pulmonary Disease and Major Depressive	F 602	Recommendations and changes will be made as needed during the QAPI review process.		

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F 602	Continued From page 3 Disorder. Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/31/19, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.	F 602			