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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD BILOXI, MS 39531

(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 Investigation (CI) MS #16522 from 01/21/2020 to 01/24/2020. The complaint was substantiated for Verbal Abuse. During the survey, the SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid and extended the survey, related to Immediate Jeopardy (IJ), with deficiencies cited. The SA identified an IJ and Substandard Quality of Care (SQC) on 01/22/2020, which began on 12/21/2019, when Certified Nursing Assistant (CNA) #1 verbally abused Resident #1. On 12/21/2019, verbal abuse was witnessed against CNA #1. The allegation consisted of Resident #1 using curse words against CNA #1 and CNA #1 responded by using curse words against Resident #1. This occurred and was witnessed in the dining room by other staff members. Resident #1 stated that he over heard CNA #1 call him a "Mother Fucker and a Son of a Bitch". Resident #1 stated the the statements made by CNA #1 made him feel "damn low down". The Dietary Manager, along with CNA #2 and CNA #3, witnessed the incident. CNA #2 stated she heard CNA #1 tell Resident #1 if he touched her she would "box his ass". CNA #1 stated that she did curse Resident #1. CNA #1 was allowed to continue to work at the facility on 12/21/2019, 12/22/2019, and 12/23/2019 without a facility investigation and after the verbal abuse was reported to the Director of Nursing (DON), thus not protecting the resident from further abuse. CNA #1 was allowed to remain on the same hall and caring for Resident #1's roommate on 12/21/2019. The facility also failed to report the abuse to the appropriate State Agencies within two (2) hours of the allegation, as required.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/17/2020

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The failure of the facility to protect residents by allowing a staff member to work in the facility following a witnessed incident of verbal abuse, and failure to report the abuse within two (2) hours to the State designated agencies, placed Resident #1 and other residents in a situation that was likely to cause serious injury, harm, impairment or death.

The facilities Administrator was notified of the IJ and SQC on 01/22/2020 at 4:20 PM, and the IJ template was provided to the Administrator.

The IJ and SQC existed at:
42 CFR(s):483.12(a)(1)-Freedom from Abuse/Neglect, (F600);
42 CFR(s):483.12(b)(1)(3)-Develop/Implement Abuse/neglect policies, (F-607);
42 CFR(s)483.12(c)(1)(4)-Reporting of alleged violations, (F-609)
42 CFR(s)483.12(c)(2)-(4)-Investigate/prevent/correct alleged violation(F-610)
The facility provided a credible Removal Plan on 01/23/2020, in which the facility alleged all corrective actions were completed as of 01/23/2020, and the IJ was removed on 01/24/2020.
The State agency (SA) validated the Removal Plan and determined the IJ was removed on 01/24/2020, prior to exit. Therefore, The scope an severity for 43 CFR(s) 483.12(a)(1)- Freedom from Abuse/Neglect, (F600); 42 CFR(s):483.12(b)(1)(3)-Develop/Implement Abuse/neglect policies, (F-607); 42 CFR(s):483.12(c)(1)(4)-Reporting of alleged violations, (F-609); and 42 CFR(s): 483.12(c)(2)-(4) Investigate/prevent/correct alleged violation(F-610); were lowered to a "D",

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F 000	Continued From page 2 while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The facility held a license for 180 beds with a census of 140.	F 000		
F 600 SS=J	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: Based on resident interview, staff interview, record review, and facility policy review, the facility failed to ensure a resident was free from verbal abuse for one (1) of seven (7) residents reviewed for abuse, Resident #1. On 12/21/2019, Certified Nursing Assistant (CNA) #1 was witnessed by staff being verbally abusive to Resident #1 in the dining room. CNA #1 was heard calling Resident #1 a mother fucker, told him not to put his mother fucking hands on her or	F 600	1.Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. Resident #1 was assessed by the charge nurse on 12/27/2019 with no signs of physical abuse noted. The Administrator reported the incident of verbal abuse regarding Resident # 1 to the Mississippi State Department of Health on 12/23/2019 and	2/18/20

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F 600	Continued From page 3 she would box him. The incident was reported by Licensed Practical Nurse (LPN) #1 to the on-call nurse, LPN #2, on the day of the incident. LPN #2 spoke with the Director of Nursing (DON), who then instructed LPN #2 to assign CNA #1 to a different area and not have contact with Resident #1. CNA #1 continued to work on 12/21/2019, as well as provided care to Resident #7, who was Resident #1's roommate. CNA #1 was allowed to work at the facility from 12/21/2019 until 12/23/2019, without being suspended. The facility failed to report the verbal abuse to the appropriate State Agencies timely, and failed to protect Resident #1 and all other residents. The facility's failure to protect Resident #1 from verbal abuse and allowing a staff member to work in the facility, without reporting an incident of witnessed verbal abuse, placed Resident #1 and other residents in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 12/21/2019, when the verbal abuse occurred. The SA notified the facility of the IJ and SQC on 01/22/2020 at 4:20 PM, and the IJ template was provided to the Administrator. The facility provided a credible Removal Plan on 01/23/2020, in which the facility alleged all corrective actions were completed as of 01/23/2020 and the IJ was removed on 01/24/2020. The SA validated the Removal Plan and determined the IJ was removed on 01/24/2020,	F 600	the Attorney General□s Office on 12/30/2019.CNA #1's employment was terminated on 12/23/2019. 2.All residents have the potential to be affected by the deficient practice. All residents were assessed on 1/23/2020 by licensed nurses for signs of abuse with no adverse findings noted. All interviewable residents were interviewed on 1/23/2020 by the Social Worker (SW) and Admission Social Services (ADSS) regarding abuse with no negative findings. 3.The Regional Director of Operations in-serviced the Administrator and Director of Nursing regarding reporting allegations and instances of abuse according to regulations on 1/22/2020. In-service training for all staff was initiated by the Administrator and Director of Nursing on 1/22/2020 and completed on 2/14/2020 regarding abuse policy, types of abuse, protection of the resident, reporting allegations of abuse and immediate suspension of the employee during investigation. All employees will receive in-service training regarding abuse upon hire beginning 1/23/2020. The SW will interview five (5) employees and five (5) residents monthly beginning 2/6/2020 regarding abuse, take immediate action as necessary and document findings. The Administrator will maintain a log beginning 2/1/2020 of all allegations/instances of abuse including date and time of incident, date and time reported, immediate action taken and results of investigation.	

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F 600	Continued From page 4 prior to exit. Therefore, the scope and severity for 43 CFR(s): 483.12(a)(1), F600, Freedom from Abuse, Neglect, and Exploitation, was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A review of the facility's "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan Policy", undated, revealed: The resident has the right to be free from abuse. The policy defined Verbal Abuse as the oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. A review of the facility's "Resident Rights" policy, dated November 28, 2016, revealed: The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. Review of a facility reported incident, submitted to the SA on 01/06/2020, documented on 12/21/2019, CNA #1 verbally abused Resident #1. The report included a typed investigation, on the facility's letterhead, dated 12/28/2019 and signed by the Administrator. The investigation documented on 12/21/2019, Licensed Practical	F 600	4.The SW will report findings from interviews of employees and residents to the Quality Assurance and Performance Committee monthly beginning 2/19/20 for review, revision and/or resolution to the plan. The Quality Assurance and Performance Committee will review the log of allegations/instances of abuse beginning 2/19/2020 to ensure compliance with policies and reporting requirements monthly and make recommendation and/or take corrective action as necessary.	

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Nurse (LPN) #1 reported to the on-call nurse (LPN #2), an incident involving a verbal altercation between Resident #1 and CNA #1, which occurred in the dining room. The report documented LPN #1 stated Resident #1 became upset with CNA #1 about his meal, stood up from his chair, and yelled, "I am going to beat your mother fucking ass." LPN #1 reported CNA #1 responded, "You're not going to put your motherfucking hands on me." The investigation documented LPN #2 notified the Director of Nursing (DON) and gave instructions for CNA #1 to be reassigned and have no contact with Resident #1 until further notice. The investigation documented on 12/23/2019, the DON interviewed the Dietary Manager (DM), who witnessed the exchange between Resident #1 and CNA #1 on 12/21/2019. The DM reported CNA #1 entered the kitchen and told him that he needed to talk with Resident #1 about his meal. The DM further reported he asked CNA#1 what was the issue with Resident #1's meal, and she stated, "Something isn't right with it, just his usual bullshit. I ain't got time to deal with his shit today." The DM reported Resident #1 approached CNA #1 and told her "You need to shut your fucking mouth and get the fuck out of my face. I'll whoop your ass." The DM reported CNA #1 responded, "Mother fucker put your hands on me and watch what happens." The DM reported he asked another CNA to get the nurse while he redirected Resident #1 and CNA #1. The investigation report documented actions taken by the facility included Resident #1 was visited by the Social Worker and Nurse Practitioner on 12/23/2019, in-services initiated to staff regarding abuse policy and prevention on 12/24/2019, and the Administrator reviewed CNA #1's personnel file and background.

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A review of a typed statement by the Dietary Manager, dated and signed 12/23/2019, documented that on 12/21/2019 at approximately 7:55 AM, the DM witnessed the incident between CNA #1 and Resident #1. The DM revealed CNA #1 came to the kitchen door to tell the dietary staff of an issue regarding Resident #1's meal. The DM documented CNA #1 stated loudly (within the presence of residents and staff), "Something isn't right with it, just his usual bullshit, I ain't got time to deal with his shit today." The DM documented Resident #1 approached CNA #1, in his wheelchair, and told her to "shut your fucking mouth" and "I'll whoop your ass." The DM further documented, CNA #1 had her hands in fists at her sides, and stated to Resident #1, "Motherfucker, put your hands on me and watch what happens." The DM revealed he intervened by stepping between Resident #1 and CNA #1, and instructed Resident #1 to return to his table and for CNA #1 to leave the dining room immediately. The DM revealed he asked another CNA to get a nurse to the dining room immediately. The DM documented when LPN #1 entered the dining room, he informed her of the situation, how it started, and what was said by Resident #1 and CNA #1.

During an interview, on 1/21/2020 at 10:30 AM, the Administrator stated what she understood was when the incident occurred on 12/21/2019, LPN #2, the on-call nurse, called the Director of Nursing (DON) to report the incident. The Administrator revealed the DON was informed CNA #1 told Resident #1, "You're not going to put your mother fucking hands on me." The Administrator stated at the time of the incident, they needed more information about what

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happened and didn't know all the details. She revealed she needed to get further clarification, before coming to a conclusion, regarding the incident. The Administrator stated she believed at the time of occurrence, they removed CNA #1 from Resident #1, placed her on another hall in the building, thus protecting Resident #1.

During an interview, on 01/21/2020 at 12:15 PM, Resident #1 revealed on 12/21/2019, he was sitting in the cafeteria waiting on his breakfast tray and having a conversation with another resident. Resident #1 stated CNA #1 was all up in his business, and he told her to get the hell out of his business. Resident #1 stated CNA #1 went in the kitchen door and he heard her call him a "Mother fucker". Resident #1 stated the man in charge of the kitchen (Dietary Manager) was standing right beside CNA #1 when she said that to him. Resident #1 stated he and his mother were not a "Mother Fucker" and nobody was going to call him by that name. Resident #1 stated he also heard CNA #1 call him a "Son of a Bitch." Resident #1 stated he never threatened to hit CNA #1, but was just upset when she called him those names. Resident #1 stated when he heard what CNA #1 had called him, it made him feel "damn low down".

On 01/21/2020 at 12:38 PM, during an interview, the DON stated she received a call from LPN #2, on 12/21/2019, regarding an incident in the dining room between Resident #1 and CNA #1, where they had cussed at each other. The DON stated she informed LPN #2 to tell LPN #1 for CNA #1 not to have any further contact with Resident #1. The DON revealed that was the last thing she heard about the issue until she returned to the facility on 12/23/2019. The DON stated she didn't

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think much about it, because it wasn't unusual for Resident #1 to curse staff, but it was uncommon for staff to curse him back. The DON stated after reading the written statements, when she returned on 12/23/2019, she realized that she should have sent CNA #1 home on 12/21/2019. The DON stated she would consider the incident to be verbal abuse.

During a telephone interview, on 01/21/2020 at 1:00 PM, LPN #2 confirmed she was the on-call nurse on 12/21/2019. LPN #2 stated LPN #1 called and told her Resident #1 was in the dining room threatening CNA #1. LPN #2 stated LPN #1 told her Resident #1 stood up from his wheelchair and stated he was going to whip CNA #1's mother fucking ass. LPN #2 revealed LPN #1 further stated CNA #1 told Resident #1 he was not going to lay a mother fucking hand on her. LPN #2 stated she instructed LPN #1 to get CNA #1 to swap out residents with another CNA, and CNA #1 was not to have any contact with Resident #1. LPN #2 stated she called the DON and told her exactly what LPN #1 told her regarding the incident. LPN #2 revealed the DON instructed her to tell LPN #1 to swap CNA #1 out with another CNA taking care of Resident #1 as well. LPN #2 stated that she felt like CNA #1 cursing Resident #1 was considered verbal abuse. LPN #2 revealed the facility's policy stated it's not acceptable for staff to curse a resident. LPN #2 stated she felt the right decision was made on 12/21/2019 when they moved CNA #1 away from Resident #1 until a thorough investigation could be done.

During an interview, on 01/21/2020 at 2:45 PM, the Dietary Manager (DM) confirmed he was working the day of the incident (12/21/2019).

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The DM stated Resident #1 was sitting in his normal place, when CNA #1 came to the kitchen door and said y'all need to talk to Resident #1 about his breakfast. The DM stated he asked CNA #1 what was wrong with Resident #1's breakfast and she stated just Resident #1 and his bullshit. The DM revealed what CNA #1 said, was loud enough to be heard by Resident #1. The DM revealed he saw Resident #1 push back from the table and start rolling in his wheelchair towards the kitchen door where CNA #1 was standing. The DM stated when Resident #1 approached CNA #1, Resident #1 told CNA #1 she needed to shut her fucking mouth and didn't need to be talking about him or he was going to whip her fucking ass. The DM stated he saw CNA #1 ball her fists up, but kept them at her side. The DM stated CNA #1 told Resident #1, "Look here you mother fucking son of a bitch, if you come towards me, I'll knock you the fuck out." The DM stated he intervened and separated Resident #1 and CNA #1. The DM revealed he instructed CNA #1 to leave the dining room immediately, but she refused. The DM stated when CNA #1 refused to leave the dining room, he instructed another CNA in the dining room, to go and get a nurse. The DM revealed he instructed Resident #1 to go back to his table. The DM stated LPN #1 came to the dining room, and he pulled her aside and told her about the incident between Resident #1 and CNA #1.

During an interview, on 01/21/2020 at 3:11 PM, CNA #2 stated that she was in the dining room, passing out meal trays, on 12/21/2019, when the incident happened between Resident #1 and CNA #1. CNA #2 stated Resident #1 opened his tray up and said, "I don't want this shit", and slid the tray across the table. CNA #2 stated she heard

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CNA #1 tell someone in the kitchen that they needed to come and see what was wrong with Resident #1's tray. CNA #2 stated Resident #1 was sitting at the table and suddenly pushed back and rolled to the kitchen door where CNA #1 was standing. CNA #2 stated told CNA #1, "I heard what you said" twice, along with a bunch of cuss words. CNA #2 revealed Resident #1 stood up from his wheelchair and stood over her (taller than CNA #1) and told CNA #1 he would beat her ass. CNA #2 stated she ran over to Resident #1 and intervened by telling the resident "no" and tried to assist him back into his wheelchair. CNA #2 stated CNA #1 told Resident #1, "If you put your hands on me today, I'm going to box your ass." CNA #2 stated the Dietary Manager came out of the kitchen and told Resident #1 to go back to his seat. CNA #2 confirmed the Dietary Manager told CNA #1 to leave the dining room.

A review of a written statement given by CNA #2, undated and provided by the facility, CNA #2 documented on 12/21/19 she heard CNA #1 curse Resident #1. The statement documented CNA #1 told Resident #1, "(Name of Resident #1) if you put your hands on me, I will box your mother fucking ass."

During an interview via phone on 1/21/20 at 4:29 PM, LPN #1 stated that Resident #1 and CNA #1 were in the dining room and she was called to the dining room by another CNA, who stated Resident #1 was threatening CNA #1. LPN #1 stated when she arrived, the Dietary Manager was talking to Resident #1. LPN #1 stated she noticed Resident #1 and CNA #1 were upset. LPN #1 stated CNA #1 told her Resident #1 had threatened to hit her. LPN #1 stated she told CNA #1 to come out of the dining room and she sent

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another CNA to the dining room to take CNA #1's place. LPN #1 revealed CNA #1 told her that Resident #1 didn't like what he got on his tray, got upset and threatened to hit her. LPN #1 stated she called the on-call phone nurse, LPN #2, and told her about the incident in the dining room with Resident #1 and CNA #1. LPN #1 stated LPN #2 told her to get CNA #1 out of the dining room and that she would call either the Administrator or the Director of Nursing (DON). LPN #1 stated she couldn't remember who called her back, but she was told to make sure CNA #1 didn't have any contact with Resident #1.

During an interview, on 01/21/2020 at 4:37 PM, CNA #1 stated the incident with Resident #1 occurred on a weekend (Saturday, 12/21/2019). CNA #1 stated Resident #1 was in the dining room at breakfast, and he started fussing and cursing. CNA #1 stated she told him if he didn't stop, he would have to leave the dining room. CNA #1 stated she went to the kitchen to see about oatmeal for another resident and told the Dietary Manager to come and talk to Resident #1 because he was fussing about his food. CNA #1 stated while her back was turned, Resident #1 came over in his wheelchair, stood up and stated, "I'm fixing to beat this black bitch." CNA #1 stated she told Resident #1, "Don't put your mother fucking hands on me." CNA #1 confirmed CNA #2 came over, got between them, and tried to get Resident #1 to sit down in his chair. CNA #1 stated the Dietary Manager told her to get out of the dining room and that she couldn't talk to a resident like that. CNA #1 stated she told the Dietary Manager that Resident #1 was about to hit her, and she felt threatened. CNA #1 stated the Dietary Manager told her twice to leave the dining room, but she refused because she hadn't

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done anything. CNA #1 stated she left the dining room and told LPN #1 what had happened. CNA #1 revealed LPN #1 told her she was going to have to call the on-call nurse (LPN #2). CNA #1 stated LPN #2 called back and instructed LPN #1 to have her stay away from Resident #1. CNA #1 stated she continued to work on the hall, on 12/21/2019, where Resident #1 resided and cared for Resident #1's roommate (Resident #7), who was non-verbal. CNA #1 stated if Resident #1 was in the room, she would leave and return when he wasn't present in the room. CNA #1 stated on 12/22/2019, LPN #2 called the facility and told her not to work the dining room since Resident #1 ate in there. CNA #1 stated she was called to the Administrator's office on 12/23/2019 to discuss what had occurred on 12/21/2019 with Resident #1 and to write a statement. CNA #1 stated she told the Administrator that she did curse Resident #1, even if it costed her job.

A review of the Activity of Daily Living (ADL) look back report for Resident #7, who was Resident #1's roommate, revealed, CNA #1 provided care for Resident #7 on 12/21/19 at 10:44 AM. Care was provided after the incident in the dining room with Resident #1.

Review of the time sheet for CNA #1, revealed she clocked in for work at the facility on 12/21/2019, 12/22/2019, and 12/23/2019.

A review of the facility's "Job Description" for a Certified Nursing Assistant (CNA), signed on 06/17/19 by CNA #1, revealed: Assist in maintaining a positive physical and psychosocial environment for the residents. Essential duties and responsibilities included to maintain positive relationships with the residents.

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Review of the personnel file for CNA #1 revealed, a copy of the facility's "Freedom for Abuse, Neglect, and/or Exploitation Prevention Plan Education", dated 06/17/2019 and signed by CNA #1. There were no prior discipline records noted.

Review of a "Sign In Sheet" for an in-service, on Abuse and Neglect Prevention, dated 10/03/20119, revealed CNA #1 signed as being in attendance.

During an interview, on 01/22/2020 at 10:54 AM, the Administrator stated she felt like CNA #1 verbally abused Resident #1.

On 01/22/2020 at 12:31 PM, during an interview, the DON stated she felt that CNA #1 cursing Resident #1 was verbal abuse, and she should have sent CNA #1 home pending further investigation. The DON stated she did not protect Resident #1 or any of the other residents by not sending CNA #1 home.

A review of a typed statement by the DON, dated 12/23/2019, documented during an interview with CNA #1, she stated she had cursed Resident #1.

During an interview, on 01/22/2020 at 3:15 PM, CNA #3 stated she was in the dining room on 12/21/2019. CNA #3 stated she heard CNA #1 tell Resident #1 not to put his mother fucking hands on her. CNA #3 stated the Dietary Manager came out of the kitchen and told CNA #1 to leave the dining room because she didn't have any business talking to Resident #1 like that.

Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, with an Assessment

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Reference Date (ARD) of 10/10/2019, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated cognitively intact.

The facility submitted a credible Removal Plan on 01/23/2020, for the IJ.

Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit.

1. Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. On 1/23/2020 100% of facility residents were assessed by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.
2. The Facility Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. A meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The Administrator, SSD, DON and Assistant DON initiated in- service training for 100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the

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resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. A Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. On 12/30/2019, The Attorney General Office online report was submitted by the Facility Administrator.

7. On 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. On 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation.

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9. On 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor.
The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended.

10. The facility alleges that all corrective actions have been completed and the jeopardy abated as of 01/23/2020.
The SA validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ.
1. The State Agency (SA) validated through record review, Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. The SA validated through record review, that on 01/23/2020, a 100% assessment of facility residents by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.

2. The SA validated through interview and record

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review, the Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. The SA validated through interview and record review, a meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The SA validated through interview and record review, the Administrator, SSD, DON and Assistant DON initiated in- service training for 100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. The SA validated through interviews and record review, a Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension

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of employee accused of abuse.

6. The SA validated through record review, on 12/30/2019, the Attorney General Office online report was submitted by the Facility Administrator.

7. The SA validated through interview and record review, on 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. The SA validated through interview and record review, on 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation.

9. The SA validated through interviews and record review, on 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor. The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended.

10. The facility alleges that all corrective actions have been completed as of 01/23/2020, and the IJ removed as of 01/24/2020.

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F 607 SS=J	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review, the facility failed to implement their Abuse policy for protection of residents from verbal abuse, failed to protect other residents, and failed to report the allegation of abuse in a timely manner, for one (1) of seven (7) residents, Resident #1. This was evidenced by the facility allowing Certified Nursing Assistant (CNA) #1 to return to work following an incident of witnessed verbal abuse toward Resident #1. The facility failed to report the allegation of abuse to the required state agencies within the two (2) hour timeframe, per policy, to ensure appropriate actions were taken. On 12/21/2019, CNA #1 was witnessed being verbally abusive to Resident #1 in the dining room, by staff members. CNA #1 was overheard calling Resident #1 a mother fucker, told him not to put his mother fucking hands on her or she would box him. The incident was reported by Licensed Practical Nurse (LPN) #1 to the on-call nurse, LPN #2, on the same day of the incident.	F 607	1.Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. Resident #1 was assessed by the charge nurse on 12/27/2019 with no signs of physical abuse noted. The Administrator reported the incident of verbal abuse regarding Resident # 1 to the Mississippi State Department of Health on 12/23/2019 and the Attorney General□s Office on 12/30/2019. CNA #1's employment was terminated on 12/23/2019. 2.All residents have the potential to be affected by the deficient practice. All residents were assessed on 1/23/2020 by licensed nurses for signs of abuse with no adverse findings noted. All interviewable residents were interviewed on 1/23/2020 by the Social Worker (SW) and Admission Social Services (ADSS) regarding abuse	2/18/20

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F 607	Continued From page 20 LPN #2 reported the incident to the Director of Nursing (DON), who then informed LPN #2 to assign CNA #1 to a different hall, and for CNA #1 not to have any contact with Resident #1. CNA #1 was allowed to continue working on 12/21/2019, and provided care to Resident #1's roommate, Resident #7. CNA #1 continued to work at the facility from 12/21/2019 until 12/23/2019, without being suspended. The facility failed to report the verbal abuse to the appropriate State Agencies in a timely manner and failed to protect Resident #1 and all other residents. The failure of the facility to protect residents from verbal abuse by allowing a staff member to remain working at the facility, and failure to report an incident of witnessed verbal abuse within to two (2) hours to the designated State Agencies, per facility policy, placed Resident #1 and other residents in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 12/21/2019, when the verbal abuse occurred. The SA notified the facility of the IJ and SQC on 01/22/2020 at 4:20 PM, and the IJ template was provided to the Administrator. The facility provided a credible Removal Plan on 01/23/2020, in which the facility alleged all corrective actions were completed as of 01/23/2020 and the IJ was removed on 01/24/2020. The SA validated the Removal Plan and determined the IJ was removed on 01/24/2020, prior to exit. Therefore, the scope and severity for	F 607	with no negative findings. 3.The Regional Director of Operations in-serviced the Administrator and Director of Nursing regarding reporting allegations and instances of abuse according to regulations on 1/22/2020. In-service training for all staff was initiated by the Administrator and Director of Nursing on 1/22/2020 and completed on 2/14/2020 regarding abuse policy, types of abuse, protection of the resident, reporting allegations of abuse and immediate suspension of the employee during investigation. All employees will receive in-service training regarding abuse upon hire beginning 1/23/2020. The SW will interview five (5) employees and five (5) residents monthly beginning 2/6/2020 regarding abuse, take immediate action as necessary and document findings. The Administrator will maintain a log of all allegations/instances of abuse beginning 2/1/2020 including date and time of incident, date and time reported, immediate action taken and results of investigation. 4.The SW will report findings from interviews of employees and residents to the Quality Assurance and Performance Committee monthly beginning 2/19/2020 for review, revision and/or resolution to the plan. The Quality Assurance and Performance Committee will review the log of allegations/instances of abuse to ensure compliance with policies and reporting requirements monthly beginning 2/19/2020 and make recommendation	

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F 607	Continued From page 21 43 CFR(s): 483.12(b)(1)-(3), F607, Develop/Implement Abuse/Neglect Policies was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A review of the facility's "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan Policy", undated, revealed: The resident has the right to be free from abuse. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, serving the resident. The facility's goal is to protect the resident from abuse. The facility has developed and implemented written policies and procedures designed to prohibit and prevent mistreatment. The prohibition plan includes the following components: Screening prospective employees, staff training, abuse and neglect prevention, identification of events, patterns or trends that may constitute abuse, investigation of allegations, protecting of the resident during investigations, reporting and responding. "The facility will report alleged violations, conduct investigations of alleged violations, report the results to proper authorities, and take necessary corrective actions." Review of a facility reported incident, submitted to the SA on 01/06/2020, documented on 12/21/2019, CNA #1 verbally abused Resident #1. The report included a typed investigation, on the facility's letterhead, dated 12/28/2019 and signed by the Administrator. The investigation documented on 12/21/2019, Licensed Practical	F 607	and/or take corrective action as necessary.	

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Nurse (LPN) #1 reported to the on-call nurse (LPN #2), an incident between Resident #1 and CNA #1, which occurred in the dining room. The report documented LPN #1 stated Resident #1 became upset with CNA #1 about his meal, stood up from his wheelchair, and yelled, "I am going to beat your mother fucking ass." LPN #1 reported CNA #1 responded, "You're not going to put your mother fucking hands on me." The investigation documented LPN #2 notified the Director of Nursing (DON) and was given instructions for CNA #1 to be reassigned to another hall, and to have no contact with Resident #1 until further notice. The investigation report documented the actions taken by the facility included a visit by the Social Worker and Nurse Practitioner with Resident #1 on 12/23/2019, in-services initiated with staff regarding abuse policy and prevention on 12/24/2019, and the Administrator reviewed CNA #1's personnel file and background. There was no documentation of CNA #1 being suspended or sent home on the day of the incident (12/21/2019).

During an interview, on 01/21/2020 at 10:30 AM, the Administrator stated if she had known the detailed statements regarding the incident on 12/21/2019 between CNA #1 and Resident #1, she would have suspended CNA #1. The Administrator stated it is the facility's policy to protect residents immediately. Upon review of the facility's Abuse policy, the Administrator stated they didn't follow the policy for reporting abuse.

Review of the facility's "Job Description" for the Nursing Home Administrator (NHA), revealed: The NHA is responsible for the overall operations, leadership, management and success of the facility. Essential duties and responsibilities

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included to implement and communicate policies and procedures and oversee facility investigations and reportables.

During an interview, on 01/21/2020 at 12:15 PM, Resident #1 revealed on 12/21/2019, he was having a conversation with another resident and CNA #1 was all up in his business. Resident #1 stated he told CNA #1 to get the hell out of his business. Resident #1 stated CNA #1 went over to the kitchen door, and he heard her call him a "Mother Fucker." Resident #1 stated the Dietary Manager was standing right beside CNA #1 when she said it. Resident #1 stated he nor his mother was a "Mother Fucker" and nobody was going to call him by that name. Resident #1 stated CNA #1 also called him a "Son of a Bitch." Resident #1 revealed he never threatened to hit CNA #1, but was upset when she called him those names.

During an interview, on 01/21/2020 at 12:38 PM, the Director of Nursing (DON) stated the facility did not follow the policy to protect Resident #1 when CNA #1 was not sent home for cursing Resident #1.

During an interview, on 01/21/2020 at 4:37 PM, CNA #1 confirmed that on the day of incident, she told Resident #1, "Don't put your mother fucking hands on me." CNA #1 stated she told the Administrator on 12/23/2019 that she had cursed Resident #1. CNA #1 stated that she stayed on the 100 Hall on 12/21/19 and took care of Resident #7 (Resident #1's roommate). CNA #1 stated she saw Resident #1 probably three (3) more times after the incident in the dining room. CNA #1 stated Resident #1 was in the room when she went in to do patient care with Resident #7, but she left and came back when Resident #1

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was gone from the room.

A review of the time sheet for CNA #1 revealed she worked in the facility 12/21/19, 12/22/19 and 12/23/19.

A review of the facility scheduling document dated 12/21/19 revealed CNA #1 was assigned to resident rooms on the 100 Hall, which included Resident #1's room.

During an interview, on 01/21/20 at 2:30 PM, the Administrator stated that she did not call the allegation of verbal abuse into the State Survey Agency until 12/23/19, after she started the investigation. The Administrator stated she thought she had 24 hours to report since there was no known injury. She stated she did not know she had to report an alleged abuse within two (2) hours. The Administrator revealed she did not report the incident of abuse to any local Law Enforcement Authority. She stated she called the incident of abuse to the State Survey Agency on 12/23/2019, to the Attorney General's Office (AG) on 12/30/2019 and mailed the final investigation information to the AG's office and to the State Agency on 12/28/2019.

The facility submitted an acceptable Removal Plan on 01/23/2020, for the IJ.

Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit.

1. Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a

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head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. On 1/23/2020, 100% of facility residents were assessed by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.
2. The Facility Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. A meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The Administrator, SSD, DON and Assistant DON initiated in-service training for 100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. A Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The

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incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. On 12/30/2019, The Attorney General Office online report was submitted by the Facility Administrator.

7. On 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. On 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation.

9. On 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor. The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended.

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10. The facility alleges that all corrective actions have been completed and the jeopardy abated as of 01/23/2020.
The SA validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ.
1. The State Agency (SA) validated through record review, Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. The SA validated through record review, that on 01/23/2020, a 100% assessment of facility residents by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.

2. The SA validated through interview and record review, the Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. The SA validated through interview and record review, a meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The SA validated through interview and record review, the Administrator, SSD, DON and Assistant DON initiated in- service training for 100% of direct care staff on 12/24/2019 regarding

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the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. The SA validated through interviews and record review, a Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. The SA validated through record review, on 12/30/2019, the Attorney General Office online report was submitted by the Facility Administrator.

7. The SA validated through interview and record review, on 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. The SA validated through interview and record review, on 01/22/2020, the Facility Administrator

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F 607	Continued From page 29 in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation. 9. The SA validated through interviews and record review, on 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor. The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended. 10. The facility alleges that all corrective actions have been completed as of 01/23/2020, and the IJ removed as of 01/24/2020.	F 607		
F 609 SS=J	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in	F 609		2/18/20

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F 609	Continued From page 30 serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to report an allegation of staff to resident abuse within the two (2) hour required timeframe, for one (1) of seven (7) residents reviewed, Resident #1. On 12/21/2019, Certified Nursing Assistant (CNA) #1 was witnessed by staff being verbally abusive to Resident #1 in the dining room. CNA #1 was heard calling Resident #1 a mother fucker, told him not to put his mother fucking hands on her or she would box him. The incident was reported by Licensed Practical Nurse (LPN) #1 to the on-call nurse, LPN #2, on the day of the incident. LPN #2 spoke with the Director of Nursing (DON), who then instructed LPN #2 to assign CNA #1 to a different area and not have contact with Resident #1. CNA #1 continued to work on 12/21/2019, as well as provided care to Resident #7, who was Resident #1's roommate. CNA #1 was allowed to	F 609	1.Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. Resident #1 was assessed by the charge nurse on 12/27/2019 with no signs of physical abuse noted. The Administrator reported the incident of verbal abuse regarding Resident # 1 to the Mississippi State Department of Health on 12/23/2019 and the Attorney General□s Office on 12/30/2019.CNA #1's employment was terminated on 12/23/2019. 2.All residents have the potential to be affected by the deficient practice. All residents were assessed on 1/23/2020 by licensed nurses for signs of abuse with no adverse findings noted. All interviewable	

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F 609	Continued From page 31 work at the facility from 12/21/2019 until 12/23/2019, without being suspended. The facility failed to report the witnessed incident of verbal abuse to the appropriate State Agencies in a timely manner and failed to protect Resident #1 and all other residents. The facility's failure to notify the appropriate state agencies in a timely manner of an incident of witnessed verbal abuse, to ensure proper measures had been addressed, and allowing the staff member to continue working at the facility, placed Resident #1 and other residents in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 12/21/2019, when the verbal abuse occurred. The SA notified the facility of the IJ and SQC on 01/22/2020 at 4:20 PM, and the IJ template was provided to the Administrator. The facility provided a credible Removal Plan on 01/23/2020, in which the facility alleged all corrective actions were completed as of 01/23/2020 and the IJ was removed on 01/24/2020. The SA validated the Removal Plan and determined the IJ was removed on 01/24/2020, prior to exit. Therefore, the scope and severity for 43 CFR(s): 483.12(c)(1)(4), F609, Reporting of Alleged Violations, was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.	F 609	residents were interviewed on 1/23/2020 by the Social Worker (SW) and Admission Social Services (ADSS) regarding abuse with no negative findings. 3.The Regional Director of Operations in-serviced the Administrator and Director of Nursing regarding reporting allegations and instances of abuse according to regulations on 1/22/2020. In-service training for all staff was initiated by the Administrator and Director of Nursing on 1/22/2020 and completed on 2/14/2020 regarding abuse policy, types of abuse, protection of the resident, reporting allegations of abuse and immediate suspension of the employee during investigation. All employees will receive in-service training regarding abuse upon hire beginning 1/23/2020. The SW will interview five (5) employees and five (5) residents monthly beginning 2/6/2020 regarding abuse, take immediate action as necessary and document findings. The Administrator will maintain a log of all allegations/instances of abuse beginning 2/1/2020 including date and time of incident, date and time reported immediate action taken and results of investigation. 4.The SW will report findings from interviews of employees and residents to the Quality Assurance and Performance Committee monthly beginning 2/19/2020 for review, revision and/or resolution to the plan. The Quality Assurance and Performance Committee will review the log of allegations/instances of abuse to	

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F 609	Continued From page 32 Findings include: Review of the facility's "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan - Reporting/Response" policy, revised 08/23/2017, revealed: If a covered individual of the facility becomes aware of information that gives him/her the reasonable suspicion that a crime has occurred against a resident or individual receiving care from this facility, he/she must notify the Administrator of the facility, the State Survey Agency and Attorney General's Office, and local Law Enforcement Agency. Reports must be within two (2) hours (if the allegation involves abuse or there is serious bodily injury) after forming reasonable suspicion. A review of an on-line submission record, sent to the Medicaid Fraud Control Unit (MFCU), revealed the Administrator submitted the report, on 12/30/2019, regarding the alleged verbal abuse incident, which occurred on 12/21/2019. Review of a facility reported incident to the State Agency, submitted on 01/06/2020, revealed an incident of verbal abuse occurred at the facility on 12/21/2019, between CNA #1 and Resident #1. A review of a typed document, undated and signed by the Administrator revealed, the incident of verbal abuse, which occurred on 12/21/2019, was reported to the Mississippi State Department of Health (MSDH) hotline on 12/23/2019. The final investigative report was mailed to MSDH and the Attorney General's Office on 12/28/2019. The State Agency (SA) confirmed via phone interview with SA Triage office, the Administrator	F 609	ensure compliance with policies and reporting requirements monthly beginning 2/19/2020 and make recommendation and/or take corrective action as necessary.	

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reported the verbal abuse incident, which occurred on 12/21/2019, on 12/23/2019.

During an interview, on 01/21/2019 at 2:30 PM, the Administrator stated she did not call the incident of verbal abuse (which occurred on 12/21/2019), into the State Survey Agency until 12/23/2019, after she started the investigation. The Administrator stated she thought she had 24 hours to report the incident, since there was no known injury. The Administrator revealed she did not know an incident of alleged abuse had to reported within two (2) hours.

During an interview, on 01/22/2020 at 12:14 PM, the Administrator revealed she did not report the incident to any local Law Enforcement Authority. The Administrator stated that she called the incident of verbal abuse to the State Survey Agency on 12/23/2019, and to the Attorney General's (AG) Office on 12/30/2019. The Administrator stated she mailed the final investigation information to the AG's office and State Agency on 12/28/2019.

A review of the facility's "Job Description" for the Nursing Home Administrator (NHA), dated 08/10/2017, revealed: The NHA will be responsible for the overall operations, leadership, management and success of the facility in accordance with resident/employee needs, government regulations, and company policy. Essential duties and responsibilities included, to oversee facility investigations and reportables, and to carry out supervisory responsibilities in accordance with the organizations policies and applicable laws.

The facility submitted a credible Removal Plan on

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01/23/2020, for the IJ.

Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit.

1. Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. On 1/23/2020 100% of facility residents were assessed by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.

2. The Facility Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. A meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The Administrator, SSD, DON and Assistant DON initiated in-service training for 100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended

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on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. A Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. On 12/30/2019, The Attorney General Office online report was submitted by the Facility Administrator.

7. On 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. On 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation.

9. On 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse

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	255093	A. BUILDING _____ B. WING _____	C 01/24/2020

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THE PILLARS OF BILOXI	2279 ATKINSON ROAD BILOXI, MS 39531

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(RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor.
The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended.

10. The facility alleges that all corrective actions have been completed and the jeopardy abated as of 01/23/2020.
The SA validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ.
1. The State Agency (SA) validated through record review, Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. The SA validated through record review, that on 01/23/2020, a 100% assessment of facility residents by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.

2. The SA validated through interview and record review, the Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

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3. The SA validated through interview and record review, a meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The SA validated through interview and record review, the Administrator, SSD, DON and Assistant DON initiated in- service training for 100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. The SA validated through interviews and record review, a Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. The SA validated through record review, on 12/30/2019, the Attorney General Office online

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F 609	Continued From page 38 report was submitted by the Facility Administrator. 7. The SA validated through interview and record review, on 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation. 8. The SA validated through interview and record review, on 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation. 9. The SA validated through interviews and record review, on 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor. The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended. 10. The facility alleges that all corrective actions have been completed as of 01/23/2020, and the IJ removed as of 01/24/2020.	F 609		
F 610 SS=J	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)	F 610		2/18/20

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F 610	Continued From page 39 §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to prevent further potential abuse and mistreatment from occurring, after a witnessed incident of staff to resident abuse, for one (1) of seven (7) residents reviewed, Resident #1. On 12/21/2019, Certified Nursing Assistant (CNA) #1 was witnessed by staff being verbally abusive to Resident #1 in the dining room. CNA #1 was heard calling Resident #1 a mother fucker, told him not to put his mother fucking hands on her or she would box him. The incident was reported by Licensed Practical Nurse (LPN) #1 to the on-call nurse, LPN #2, on the day of the incident. LPN #2 spoke with the Director of Nursing (DON), who then instructed LPN #2 to assign CNA #1 to a different area and not have contact with Resident #1. CNA #1 continued to work on 12/21/2019, as	F 610	1.Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. Resident #1 was assessed by the charge nurse on 12/27/2019 with no signs of physical abuse noted. The Administrator reported the incident of verbal abuse regarding Resident # 1 to the Mississippi State Department of Health on 12/23/2019 and the Attorney General□s Office on 12/30/2019. CNA #1's employment was terminated on 12/23/2019. 2.All residents have the potential to be affected by the deficient practice. All residents were assessed on 1/23/2020 by licensed nurses for signs of abuse with no	

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F 610	Continued From page 40 well as provided care to Resident #7 (Resident #1's roommate). CNA #1 was allowed to work at the facility from 12/21/2019 until 12/23/2019, without being suspended. The facility failed to report the verbal abuse to the appropriate State Agencies timely and failed to protect Resident #1 and all other residents. The facility's failure to thoroughly investigate a witnessed staff to resident incident of verbal abuse, and prevent further potential abuse by allowing the staff member to continue working at the facility, placed Resident #1 and other residents in a situation that was likely to cause serious injury, harm, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 12/21/2019, when the verbal abuse occurred. The SA notified the facility of the IJ and SQC on 01/22/2020 at 4:20 PM, and the IJ template was provided to the Administrator. The facility provided a credible Removal Plan on 01/23/2020, in which the facility alleged all corrective actions were completed as of 01/23/2020 and the IJ was removed on 01/24/2020. The SA validated the Removal Plan and determined the IJ was removed on 01/24/2020, prior to exit. Therefore, the scope and severity for 43 CFR(s): 483.12(c)(2)-(4), F610, Investigate/Prevent/Correct Alleged Violation, was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory	F 610	adverse findings noted. All interviewable residents were interviewed on 1/23/2020 by the Social Worker (SW) and Admission Social Services (ADSS) regarding abuse with no negative findings. 3.The Regional Director of Operations in-serviced the Administrator and Director of Nursing regarding reporting allegations and instances of abuse according to regulations on 1/22/2020. In-service training for all staff was initiated by the Administrator and Director of Nursing on 1/22/2020 and completed on 2/14/2020 regarding abuse policy, types of abuse, protection of the resident, reporting allegations of abuse and immediate suspension of the employee during investigation. All employees will receive in-service training regarding abuse upon hire beginning 1/23/2020. The SW will interview five (5) employees and five (5) residents monthly beginning 2/6/2020 regarding abuse, take immediate action as necessary and document findings. The Administrator will maintain a log of all allegations/instances of abuse beginning 2/1/2020 including date and time of incident, date and time reported immediate action taken and results of investigation. 4.The SW will report findings from interviews of employees and residents to the Quality Assurance and Performance Committee monthly beginning 2/19/2020 for review, revision and/or resolution to the plan. The Quality Assurance and Performance Committee will review the	

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F 610	Continued From page 41 requirements. Findings include: Review of the facility's "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan Policy", undated, revealed: The resident has the right to be free from abuse. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, serving the resident. The facility's goal is to protect the resident from abuse. The facility has developed and implemented written policies and procedures designed to prohibit and prevent mistreatment. The prohibition plan includes the following components: Abuse and neglect prevention, identification of events, patterns or trends that may constitute abuse, investigation of allegations, protecting of the resident during investigations, reporting and responding. The facility will report alleged violations, conduct investigations of alleged violations, report the results to proper authorities, and take necessary corrective actions. A review of the facility policy titled, "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan - Protection" policy, undated, revealed, residents will be protected during an investigation whether it is abuse, neglect, exploitation, or mistreatment. The Administrator or the person in charge shall separate the alleged victim and the accused person immediately and maintain that separation until investigations are completed. While the investigation is being conducted, the employee accused of resident abuse will be suspended from duty until the results of the investigation have been reviewed by the Administrator.	F 610	log of allegations/instances of abuse to ensure compliance with policies and reporting requirements monthly beginning 2/19/2020 and make recommendation and/or take corrective action as necessary.	

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Review of a facility reported incident, submitted to the SA on 01/06/2020, documented on 12/21/2019, CNA #1 verbally abused Resident #1. The report included a typed investigation, on the facility's letterhead, dated 12/28/2019 and signed by the Administrator. The investigation documented on 12/21/2019, Licensed Practical Nurse (LPN) #1 reported to the on-call nurse (LPN #2), an incident between Resident #1 and CNA #1, which occurred in the dining room. The report documented LPN #1 stated Resident #1 became upset with CNA #1 about his meal, stood up from his wheelchair, and yelled, "I am going to beat your mother fucking ass." LPN #1 reported CNA #1 responded, "You're not going to put your mother fucking hands on me." The investigation documented LPN #2 notified the Director of Nursing (DON) and was given instructions for CNA #1 to be reassigned to another hall, and to have no contact with Resident #1. The investigation report documented the actions taken by the facility included a visit by the Social Worker and Nurse Practitioner with Resident #1 on 12/23/2019, in-services with staff regarding abuse policy and prevention initiated on 12/24/2019, and the Administrator reviewed CNA #1's personnel file and background. There was no documentation of CNA #1 being suspended or sent home on the day of the incident (12/21/2019).

During an interview, on 01/21/2020 at 10:30 AM, the Administrator stated if she would have known the detailed statements, CNA #1 would have been suspended the day the incident occurred. The Administrator stated her understanding was that LPN #2 called the DON to report CNA #1 told Resident #1, "You are not going to put your

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mother fucking hands on me." The Administrator stated at the time the DON was notified, they needed more information about what happened and didn't know all the details. The Administrator stated CNA #1 worked at the facility on 12/21/2019, 12/22/2019 and 12/23/2019, until she was called to the office, on 12/23/2019, to make a statement regarding the incident. The Administrator stated CNA #1 got mad and left during the interview. The Administrator stated the facility's policy revealed it is their responsibility to protect residents immediately. The Administrator stated she believed at the time of the incident (12/21/2019), they removed CNA #1 away from the resident, and placed her on another hall in the building, thus protecting Resident #1.

During an interview, on 01/21/2020 at 12:38 PM, the Director of Nursing (DON) stated she received a call from Licensed Practical Nurse (LPN) #2, on 12/21/2019, regarding an incident in the dining room between Resident #1 and CNA #1, where they had cursed at each other. The DON stated she told LPN #2 to instruct LPN #1 not to allow CNA #1 to have any further contact with Resident #1. The DON stated that was the last thing she heard about the issue until she returned to the facility on 12/23/2019. The DON revealed she didn't think much about it, because it wasn't unusual for Resident #1 to curse staff, but it was uncommon for staff to curse back at the resident. The DON stated after she read the written statements, when she returned on 12/23/2019, she realized she should have sent CNA #1 home on 12/21/2019.

During an interview, on 01/21/2020 at 4:37 PM, CNA #1 stated, on 12/21/2019, she was assigned to two (2) rooms on the 100 Hall, which included

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Resident #1's room. CNA #1 stated she stayed on the 100 hall and took care of Resident #1's roommate (Resident #7). CNA #1 stated she saw Resident #1 about three (3) more times, after the incident in the dining room. CNA #1 stated if Resident #1 was in the room, when she went to do patient care with Resident #7, she would leave and come back.

An observation of Resident #7, by the State Agency, revealed the resident was non-verbal.

A review of the time sheet for CNA #1 revealed she worked at the facility on 12/21/2019, 12/22/2019 and 12/23/2019.

A review of the facility's assignment sheet, dated 12/21/2019, revealed CNA #1 was assigned to Resident #1's room and one other room on the 100 Hall.

Review of the facility's Activities of Daily Living look back report for Resident #7 (roommate of Resident #1), dated 12/21/2019, revealed CNA #1 provided care for Resident #7 at 10:44 AM, which was approximately two (2) hours after the incident with Resident #1 in the dining room.

The facility submitted an acceptable Removal Plan on 01/23/2020, for the IJ.

Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit.

1. Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a

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head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. On 1/23/2020, 100% of facility residents were assessed by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.

2. The Facility Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. A meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The Administrator, SSD, DON and Assistant DON initiated in-service training for 100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. A Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection

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Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. On 12/30/2019, The Attorney General Office online report was submitted by the Facility Administrator.

7. On 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. On 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation.

9. On 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor. The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended.

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10. The facility alleges that all corrective actions have been completed and the jeopardy abated as of 01/23/2020.
The SA validated the facility's Removal Plan and determined the facility took the following actions to correct the IJ.
1. The State Agency (SA) validated through record review, Resident #1 was assessed by the Psychiatric Nurse Practitioner on 12/23/2019 with no adverse findings noted related to the verbal abuse that occurred on 12/21/2019. LPN #3 completed a head to toe body audit on Resident #1 on 12/27/2019 and noted no signs of physical abuse. The SA validated through record review, that on 01/23/2020, a 100% assessment of facility residents by the DON, Assistant DON, MDS Nurse, LPN # 4 and RN # 1 with no signs and symptoms of abuse noted. The Social Service Director (SSD) and Admission Social Services interviewed 100% of interviewable residents regarding abuse with no reports of abuse received on 01/23/2020.

2. The SA validated through interview and record review, the Administrator provided initial notification to the MSDH telephone hotline on 12/23/2019 of the verbal abuse that occurred on 12/21/2019 to Resident #1.

3. The SA validated through interview and record review, a meeting was held with the DON, SSD and Administrator regarding verbal abuse, reporting of abuse and in-service training of direct care staff on abuse and reporting requirements.

4. The SA validated through interview and record review, the Administrator, SSD, DON and Assistant DON initiated in- service training for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255093	A. BUILDING _____ B. WING _____	C 01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD BILOXI, MS 39531

(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
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100% of direct care staff on 12/24/2019 regarding the abuse policy, types of abuse, protection of the resident, reporting allegations of abuse immediately to supervisor, DON and Administrator and suspension of employee accused immediately. In-service training ended on 01/23/2020. No staff, including new hires, will be allowed to work at the facility prior to receiving in-service training with understanding expressed by the staff member.

5. The SA validated through interviews and record review, a Quality Assurance and Performance Improvement (QAPI) meeting was held on 12/31/2019 with the SSD, Facility Administrator, Medical Director, Admission Social Services, Care Plan Nurse, LPN #2 and Infection Preventionist/ Assistant Director of Nursing. The incident of verbal abuse that occurred on 12/21/2019 and the abuse policy and procedures were reviewed. The Committee agreed upon providing in-service training for all direct care staff regarding abuse policy, types of abuse, reporting of abuse to supervisor, DON and Administrator, protection of resident and immediate suspension of employee accused of abuse.

6. The SA validated through record review, on 12/30/2019, the Attorney General Office online report was submitted by the Facility Administrator.

7. The SA validated through interview and record review, on 01/22/2020, the Regional Director of Operations (RDO) in-serviced the Facility Administrator and the DON regarding reporting allegations or instances of abuse within the two (2) hour time frame per regulation.

8. The SA validated through interview and record

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F 610	Continued From page 49	F 610		

review, on 01/22/2020, the Facility Administrator in-serviced the DON regarding reporting any allegations of abuse to the Facility Administrator immediately at the time of occurrence and counseled on failure to report the allegation.

9. The SA validated through interviews and record review, on 01/22/2020, an Emergency QAPI meeting was held with the Medical Director and the QAPI team including the MDS Nurse, Registered Nurse (RN) #1, Maintenance Director, Life Connections Coordinator, SSD, Infection Preventionist, DON, Admission Social Services, DM, Business Office Manager, Human Resources Representative, Administrator and Housekeeping Supervisor. The IJs were discussed and the Abuse policy was reviewed. It was determined that the Abuse Policy was not followed for the incident that occurred on 12/21/2019 therefore no policy changes were recommended.

10. The facility alleges that all corrective actions have been completed as of 01/23/2020, and the IJ removed as of 01/24/2020.