MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint survey for CI MS# 17962, CI MS# 18219, CI MS# 18038 and a Facility Reported Incident (FRI) for CI MS# 18023 along with a focused infection control survey at the facility from 01/24/2022 through 01/27/2022. Then upon further Quality Assurance (QA) review the SA then reentered the facility on 02/09/22-02/10/22 to gather further information related to missappropriation of property CI MS# 18023 to rule out that any harm had occured to the residents of the facility. During the survey the SA determined that the facility had met the requirements for CI MS# 18219 resident safety, and Quality of Care, CI MS# 18038 injury of unknown origin, resident rights, and Quality of Care, CI MS# 17962 for Quality of Care and Dietary services, but had not met the requirements for paricipation for Minimum Standards of Operation for Institutions for the Aged or Infirm with CI MS# 18023 related to misappropriation of resident property and the facility was cited M500 at past noncompliance. The facility was licensed for 140 beds and had a census of 106 at the time of the survey.	M 000		
M 500 SS=D	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;	M 500		2/10/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 1 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 2 and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 3 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 4 record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on staff and facility interviews, record review and facility policy review, the facility failed to protect the residents from misappropriation of funds for ten (10) of 25 residents that resided in two (2) greenhouses. Findings Include: Record review of facility policy titled "Abuse, Neglect and Exploitation" revealed Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. "Misappropriation of Resident Property" means the deliberate misplacement, exploitation, or wrongful temporary or permanent, use of resident's belongings or money without the resident's consent. Record review of facility investigation related to drug diversion that was discovered on 08/09/2021, revealed that a random narcotic audit was conducted by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) on 08/9/2021. The ADON identified an unrecognized witness signature recorded on 08/6/2021 on a controlled substance record. The ADON questioned LPN #2 on 08/10/21 when she returned to work as to who signed the narcotic sheet with her and she was unable to tell the ADON who had signed the record as witness to destroy a narcotic. The ADON thought this was	M 500	I. Resident identifier #1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 were assessed with no injuries identified as a result of medication misappropriation. Resident identifier #1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 narcotic count/sign-in sheets were reconciled against the pharmacy delivery sheet to identify missing narcotics. Pharmacy reimbursed funds to the resident accounts for any identified missing medications. The Medical Director, Resident's physicians, Residents, Families, Drug Enforcement Agency (DEA) and the Attorney General's Office were notified of the medication diversion. II. Resident's in Green House 900 and Green House 1100 were identified as having the potential to be affected. The Assistant Director of Nursing audited all resident's medications at 100%. III. A policy review of medication administration/delivery was conducted by the Director of Nursing, Pharmacy Consultant and Senior RX pharmacist on 08/13/2021. The policy was revised with new protocol to require two signatures on the delivery sheet for medications to the Green Houses. An in-service was conducted by the Director of Nursing on 08/13/2021 for Registered Nurses and Licensed Practical Nurses related to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 5 very suspicious that she did not know who had witnessed a narcotic destruction with her the day before and this led to a more detailed audit beginning immediately on 08/10/2021. LPN #2 was relieved of her narcotic keys and immediately suspended pending further investigation. LPN #1 then became under suspicion as also being involved when she suddenly resigned immediately on 08/11/2021. The facility continued to gather interviews and conducted narcotic audits and during their investigation it was revealed a drug diversion had occurred and The Drug Enforcement Administration (DEA) was notified and was at the facility investigating the incident on 08/13/2021. The facility notified the State Agency (SA), the responsible parties (RP), the Medical Director, held a QA meeting, and in-serviced all staff. Record review of the narcotic record revealed that LPN #2 and LPN #1 were the only nurses signing out as needed (PRN) narcotics for Resident #8 and Resident #1. Record review of on campus Pharmacy Packing slips revealed the following: On 05/18/2021 the pharmacy sent Resident #2 90 tablets of Norco 10/325 milligrams (mg) tablets that were not logged into narcotic control record as received. On 08/21/21 the pharmacy sent Resident #3 60 Norco 5/325 mg tablets with only 30 tablets logged into the narcotic control record as received. On 06/25/21 the pharmacy sent Resident # 9 60 tablets of Klonopin 0.5 mg that was not added to	M 500	medication administration, Abuse, Neglect, Misappropriation of funds, Narcotic diversion and Exploitation. IV. The pharmacy sends a list weekly to the Director of Nursing of all narcotics that were filled for the residents. The Director of Nursing is reconciling that list to the narcotic count/sign-out sheets in an effort to monitor there is no misappropriation of resident's medications. Results are being communicated and discussed at the Quality Assurance (QA) meeting. This was initiated on 08/26/2021.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 6	M 500		

the narcotic control record as received.

On 07/29/21 the pharmacy sent Resident # 9 90 tablets of Norco 5/325 mg that was not added to the narcotic control record as received.

On 06/29/21 the pharmacy sent Resident # 7 30 tablets of Klonopin 0.5 mg that was not added to the narcotic control record as received.

On 07/23/21 the pharmacy sent Resident # 7 30 tablets of Klonopin 0.5 mg that was not added to the narcotic control record as received.

On 07/22/2021 the pharmacy sent Resident # 6 60 tablets of Norco 5.325mg that was not added to the narcotic control record as received.

On 07/27/21 the pharmacy sent Resident # 10 42 tablets of Xanax 0.25 mg that was not added to the narcotic control record as received.

On 08/6/2021 the pharmacy sent Resident # 10 42 tablets of Xanax 0.25 mg that was not added to the narcotic control record as received.

On 06/29/21 the pharmacy sent Resident #8 28 tablets of Xanax 0.5 mg that was not added to the narcotic control record as received.

On 08/6/21 the pharmacy sent Resident #8 28 tablets of Xanax 0.25 mg that was not added to the narcotic control record as received.

On 07/27/21 the pharmacy sent Resident #5 90 tablets of Norco 5/325 mg and LPN #2 logged in 45 tablets to the narcotic control record that was received instead of the 90 count.

On 07/28/21 the pharmacy sent Resident # 4 90

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 7	M 500		

tablets of Oxycodone 5/325 mg that was not added to the narcotic control record as received.

Record review of a facility in-service dated 08/13/2021 revealed the title "Controlled Substances" stated that all narcotics are to be logged in and verified by two (2) nurses. This in-service was performed twice that day until all staff had completed the in-services.

On 01/24/2022 at 10: 55 AM, an interview with the DON revealed that the ADON noticed a witness signature for wasting a medication on the controlled substance log that she did not recognize and that led to a further investigation during a random narcotic audit. An investigation was initiated for both the Greenhouse #1 and Greenhouse #2 on 08/10/2021. When LPN #1 was questioned about the signature, she was unable to identify the signature.

On 01/24/2022 at 1:40 PM, an interview with the DON revealed that the facility worked with the Pharmacy to gather the cost of the medications and reimbursed the funds back to the resident's accounts. The DON reported that all residents were assessed, and families were notified of the occurrence. The facility then contacted the pharmacy for the medication delivery sheets and reconciled them with the narcotic logs and discovered that there were narcotic discrepancies back to May 2021 for the Greenhouse #1 and Greenhouse #2 where LPN #1 and LPN #2 worked. When LPN #2 was questioned by the DON about the unaccounted-for narcotics she exited the room and returned with a pill in a cup voicing she had found the pill loose in the medication cart. The narcotic keys were taken from LPN #2 immediately and she was sent home that day and did not return. LPN #1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 8	M 500		

questioned when she returned to work on 08/10/21 and then she abruptly resigned without notice the next day and that's when we really got suspicious of LPN #1 the DON stated. As part of the plan of correction and to prevent this type of occurrence from reoccurring the DON or the ADON conduct random audits of the narcotic logs against the delivery slips that are provided by pharmacy and the facility has put in place that two (2) nurses must receive and sign in all narcotics to the narcotic log when they are delivered from the pharmacy.

On 01/25/2022 at 12:07 PM, an interview with Resident # 9 with a Brief Interview for Mental Status (BIMS) score of 15 revealed he had been given his medication on time and had not had any problems. Resident #9 confirmed he had a nurse back last year that did not have his Norco in with his medications and when he asked about it, she pulled the Norco out of her back pocket, but he could not recall the date and stated that he did not tell anyone that it occurred because he knew what medications he was supposed to take and always looked to make sure they were right. Resident #9 confirmed that the nurse no longer worked here that had done that.

Record review of the personnel file for LPN #1 revealed her hire date as 03/5/2021 and her termination date as 08/11/2021. LPN #1 had a criminal background check showing no disqualifying events and was cleared for hire on 03/2/2021, her license was verified expiration date 12/31/2021, and her 3 reference checks were validated with no concerning issues. LPN #1 completed in-service training for "Residents Rights" and "Abuse, Neglect, and Exploitation" on 03/5/2021. LPN #1 had a counseling statement dated 08/9/2021 related to failure to complete

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 9 work on time, but no other concerns. Record review of personnel file for LPN #2 revealed her hire date as 02/25/2022 and her termination date as 08/13/2021. LPN #2 had a criminal background check showing no disqualifying events and was cleared with no felony conviction, her license was verified with an expiration date of 12/31/2021, and her 3 references were validated with no concerning issues. LPN #2 completed in-service training for "Residents Rights" and "Abuse, Neglect, and Exploitation" on 02/25/2022. LPN #2 had a counseling statement dated 08/5/2021 related to failure to complete work on time, but no other concerns. Record review of facility In - Service for nurses dated 8/13/2021 revealed an in-service related to medication administration, Abuse, Neglect, Misappropriation of funds, Narcotic diversion, and Exploitation, presented by the DON. Record review of statement as part of facility drug diversion investigation signed by the DON and the ADON revealed that once they had established that on 08/10/2021 a Narcotic diversion had occurred, the nurse was immediately suspended until further investigation. The investigation continued through 08/24/2021. All families of the elders in question were contacted and made aware of the diversion without giving specific details. The residents' physicians were mere made aware of the diversion and investigation. All potential elders affected by this diversion were assessed for potential harm. As part of the performance improvement plan, the ADON and DON began to reconcile controlled substance records. The Pharmacy now sends them monthly controlled	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 10	M 500		

records to the DON and ADON and they verify that all those medications were signed in and accounted. The ADON and /or DON will perform random controlled substance reconciliations with the LPN's at least monthly. The nurse receiving the narcotics are to sign then in with a witness for verification purposes.

Interview on 02/09/2022 at 10:15 AM, with the former Pharmacy Director, Pharmacy #2, revealed that she was the Director of Pharmacy prior to 08/10/2021 for over 11 years. The Pharmacy is located on the grounds of the nursing facility. It is an "in-house" Pharmacy. Pharmacy #2 currently serves as an as needed (PRN) Pharmacist, since her retirement in September 2021, and works approximately 3 days per week. Pharmacy #2 confirmed that the new Director of Pharmacy, effective 10/6/2021, was Pharmacy #1. Prior to the incident of 08/24/2021 the Pharmacy would obtain the prescription from the physician each month and fill it according to the physician's order. The prescription was checked by the Pharmacist and rechecked when it was placed in the basket for delivery by a courier. The courier is contracted by the Pharmacy for the delivery of all medications. The courier delivered the medications/narcotics to the houses and "a" nurse would receive the medications from the courier. The nurse who received the medications/narcotics she/he would sign a "receiving slip" and give it back to the courier and the courier would retain the "receiving slip" and turn it in to the Pharmacy upon completed delivery. What happened prior to 08/24/21 was only "one" nurse signed for the delivery of medications to the houses. More than one card of narcotics for one prescription i.e., 30 pills per card of meds, 45 pills per card of meds, and 60 pills per card, would be delivered. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 11	M 500		

receiving nurse could or may have signed only one of the cards into the medicine cart, and possibly pocketed the other. Pharmacy #2 stated that, "We think that is what may have happened, but no elder (resident) was ever totally out of the medicine. There was medicine to be dispensed to the elder." Pharmacy #2 stated that after she retired, the new Director of Pharmacy, Pharmacy #1, had the medications reviewed and all records audited and he and the billing officer, Pharmacy #3 counted all the medications that were possibly mis-appropriated and refunded their accounts or refunded the facility. Since the incident of 08/24/21, we changed the number of cards to be delivered at one time to only one card of narcotics per elder per prescription. After 08/24/21, there had to be two nurses to sign for the delivery of medications to the houses from the courier. Also, we now send a list weekly to the DON of all the narcotics that were filled for the elders. Then once per month we send a monthly report to the facility Administrator of all narcotics that were filled and delivered to the houses for the elders. Hopefully, this misappropriation of medications/narcotics will not ever to happen again with the new processes that were put in place.

Interview on 02/09/2022 at 10:45 AM, with Pharmacy #1 revealed that he began his new role on 10/6/2021. He confirmed that he and Pharmacy #3 sat down together and identified 10 elders from 2 of the 10 houses that had confirmed misappropriated medications/narcotics on 08/24/2022. They reimbursed several hundred dollars in misappropriated medications/narcotics. Pharmacy #1 provided a copy of all the medications that were reimbursed to the 10 identified elders of Greenhouse #1 and Greenhouse #2. All ten (10) elders identified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 12	M 500		

lived in these two houses and none of the other eight houses of elders were affected. Pharmacy #1 confirmed that the pharmacy services for the greenhouses is an "in-house" facility pharmacy located on the campus of the long-term care facility. He confirmed that they provide all the medications/narcotics for the facility.

Interview on 02/09/2022 at 11:05 AM, with Pharmacy #3, revealed that she was the billing officer for the Pharmacy and had worked at the facility since 2011. She confirmed that she and Pharmacy #1, had identified 10 elders that lived in two houses that had misappropriated medications/narcotics. They reimbursed all 10 accounts to the residents and the facility. The reimbursement occurred on the January 2022 billing cycle. She identified that most all the narcotics that were missing were pain medications such as "Norco" and anti-anxiety medications such as "Xanax."

Record review of facility medication administration records for the months of May, June, July, and August 2021 for the ten (10) residents affected by the missing drugs revealed it was documented that the residents were administered their medications. Review of the nurses' notes for the 10 affected residents revealed that the residents were assessed with no harm noted, that the physician and families were notified of a possible drug diversion that an investigation was in progress. Review of facility investigation titled "Narcotic Diversion Investigation 8/10/2021 -8/24/2021" and signed by the DON and ADON confirmed that Residents, # 1, #2,#3, #4, #5, #6, # 7, #8, #9, and #10 were assessed with no harm found and all their responsible parties were made aware of the narcotic diversion without specific details and that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 13 if charges occurred the facility would reimburse at the cost of the medication. On 02/09/2022 at 3:50 PM a phone interview with Pharmacy #4 revealed that he came to the facility two (2) or three (3) times per month to review resident medications, review expiration dates especially for insulin. He reported that he periodically looks at the narcotic count however in his report he does not list that he checks it, he only documents if there is a recommendation or problem. Pharmacy #4 reported that the facility contacted him when they discovered the drug diversion last year and they had already notified the Board of Pharmacy, he felt the new changes in the delivery and monitoring the narcotics the facility had already revised would prevent a future incident from occurring. Pharmacy #4 reported he did a note in his September report that he performed a random narcotic count in Greenhouse #1 and that he had done another in Greenhouse #2. Pharmacy #4 reported that going forward he planned to document on his monthly report the specific house that he will be performing random narcotic checks on during his visits. On 02/09/2022 at 4:10 PM, a phone interview with LPN #4 revealed that prior to the discovery of the drug diversion when we received a delivery from the pharmacy of narcotics if another nurse was present, we would both sign but if not, we would accept the medication with one signature. After the discovery of the missing narcotics, we were in-serviced that going forward there must be two signatures to receive narcotics and that if there was not another nurse in the house, we are to call for another nurse to come to witness receiving medication, usually it will be one of the RN's that will come to assist. LPN #4 also	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 14	M 500		

reported that when the nurses reconcile the narcotic logbook, they first count the cards to ensure the correct number of medication cards are accounted for and they count the medications on each card one-by-one. LPN #4 reported that they were also instructed that shift change would always require two signatures when reconciling the narcotic count with the off going nurse and the oncoming nurse. LPN # 4 confirmed that she did remember doing a random narcotic count with Pharmacy #4 after the discovery of the missing drugs, but could not remember the date, but that it was either in September or October of 2021.

On 02/09/2022 at 5:30 PM, a phone interview with LPN #5 reported that she works 7 PM to 7 AM shift and that she did work the shift after LPN #2 when she worked at the facility. LPN #5 reported that LPN #2 on two separate occasions had left before LPN #5 got to the medication cart and that she had to call LPN #2 to return to count the narcotics and sign the log. LPN #5 reported she did tell the supervisor but cannot recall which supervisor was working on the two occasions nor can she remember the dates of the occurrences only that she believed it was in the summer of 2021. LPN #5 reported that she never receives narcotic deliveries on 7 PM to 7 AM shift, but now she has been in-serviced on it if she did receive any narcotic deliveries, she would need to sign for those with a witness, requiring 2 signatures and that they were in-serviced to never accept keys to the medication cart before reconciling the narcotics with count and signature, and in-serviced on improving documentation. LPN #5 reported that when the nurse gives a PRN pain medication, she is to chart the pain level of the resident then red lettering pops up to remind the nurse to come back to chart effectiveness of the pain medication, if the medication is not helping,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 15	M 500		

she would notify the RN.

Record review of Quality Assurance (QA) attendance sign in sheet revealed 13 staff members including the medical director attended the meeting on 08/26/21.

On 02/10/2022 at 9:05 AM, a phone interview with RN #3 supervisor revealed that she is assigned to Greenhouse #1 and Greenhouse #2 and that on occasion she works the carts should a nurse call in. She cannot recall exact dates, but she did follow LPN #1 a few times and the narcotic count was always right, she denies ever seeing anything that would have made her suspicious of a drug diversion until the ADON and DON initiated the investigation in August of 2021.

On 02/10/2022 at 1:10 PM, an interview with Resident #8 with a BIMS score of 15 revealed that she could not remember ever having asked for pain medication without receiving it. "I would know if something was missing from my little medicine cup, I may not know what they all are, but I know what they are supposed to look like". She denies any issues with medications.

On 02/10/2022 at 1:15 PM, an interview with LPN #3 revealed that he was transferred from the rehab section when it closed for renovation to primarily work in Greenhouse #1 and Greenhouse #2. LPN #3 reported he was not working in the houses at the time of the drug diversion, but they had all received lots of in-services since it occurred. LPN #3 reported that Resident #3 does ask for pain medication regularly and that the physician recently changed the PRN schedule where she could get them every 4 hours as needed. Resident #4 has prn pain medication ordered but she usually always

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 16	M 500		

gets one in the morning and one in the evening, that is usually all she asks for. Resident # 6 has not asked for any prn pain meds in a while, she just came back from a hospital stay related to kidney stones and pneumonia. Resident #1 has a low BIMS score, but he can still let you know if he is hurting, but he is not one who generally has the need for a lot of pain control. Resident #9 takes all his scheduled medications and all his prn medication every time he can have them, he usually will always look at his meds before taking them.

On 02/10/2022 at 1:41 PM, an interview with Resident #2 with a BIMS score of 15 revealed that he had been enjoying activities and had just returned to his room. The resident denied ever needing any medication that he did not get. He denied ever hearing or seeing anything that would be considered abuse or neglect. Resident #2 reported that he is pleased with his care and had no problems getting his medications.

Interview on 02/10/2022 at 1:45 PM, with the DON revealed that the policy and procedure for the acceptance of the delivered medications/narcotics prior to 08/24/2021 was dated 11/2017. The DON dated and signed the policy and procedure to confirm the dates that it was in utilized. The policy was not revised but the protocol was changed and updated on 08/13/2021. The DON provided the new protocol with the new protocol date of effectiveness.

On 02/10/2022 at 1:47 PM, an interview with Resident #3 with a BIMS score of 9 revealed that she reported that she occasionally would be late getting her medication but did not recall a time that she didn't get it at all. She reported the doctor recently ordered that she could have her prn pain

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41CH	A. BUILDING: _____ B. WING _____	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	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) COMPLETE DATE
M 500	Continued From page 17 medicine every 4 hours if needed. On 02/10/22 at 2:00 PM the SA attempted to call LPN #1 and LPN #2 with no response. On 02/10/22 the State Agency validated through interviews, record review, facility policy review and observations with residents and staff that the facility had begun an immediate investigation when the suspicious of misappropriation of the resident's medications had occurred. The facility held a QA meeting, gathered interviews, and audited all resident's medication at 100% and reported the incident to all appropriate authorities and terminated the nurses involved and reported the nurses to the Board of Nursing and the Attorney Generals office and MSDH. The SA validated that the facility had taken all necessary measures to be at past non compliance with the deficient practice that occurred on 08/09/21.	M 500		