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M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with complaint investigation CI MS# 18621, from 4/19/22 to 4/21/22. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm. The SA did not substantiate CI MS# 18621 for employee to resident abuse. The SA cited deficiencies M500, M770 and M815 and M1205. The facility was licensed for 64 beds and had a census of 43 at the time of the survey.	M 000		
M 500	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; 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	M 500		5/11/22

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2	M 500		

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;

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

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M 500	Continued From page 3 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 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: Level II Based on resident and staff interviews, the facility failed to provide mail delivery on Saturday to	M 500	1. Beginning 4-23-22, the Director of Nursing assigns a Certified Nursing Assistant to go to the local post office box every Saturday to collect mail and deliver	

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M 500	Continued From page 4 residents, as voiced in Resident Council, for four (4) of 12 residents interviewed. Residents #4, #18, #21 and #37. This has the potential to affect 43 of 43 residents. Findings include: The Administrator provided a letter with documentation that revealed that the facility has no specific mail delivery policy. The Resident Council Meeting held on 04/19/22 at 02:56 PM, revealed the Resident Council Members had not been receiving mail on Saturdays. The Resident Council President, Resident #21, revealed the mail would be placed in the facility's post office box and would be picked up by a designated facility office staff member on Monday through Friday, and delivered to residents on those days only. Resident #21 revealed that there were no office staff members in the facility on the weekend to go to the post office to pick up their mail. Resident #21 noted she had no knowledge that mail could be delivered on Saturdays and always waited until Monday to receive any mail that may have been delivered to the post office box on Saturday. Resident #4, Resident #18, and Resident #37 confirmed they did not have knowledge of mail delivery being available on Saturdays and confirmed that they did not receive mail on Saturdays either. An interview on 4/19/22 at 3:45 PM, with the Administrator, revealed she was not sure if the local postal service delivered mail on Saturdays, but was aware that the residents were not getting mail delivery on Saturdays, and that there was no staff member assigned to pick up mail from the post office box on the weekends.	M 500	to residents. 2. All residents have the potential to be affected by this practice. 3. An in-service was completed on 4-21-22 by Director or Nursing to nursing staff to educate them on the process of assigning a Certified Nursing Assistant to obtain mail from the post office box every Saturday and deliver to residents. Registered nurse on duty will ensure this is completed every Saturday. Administrator will audit every week x 4 weeks to ensure mail has been obtained on Saturdays and delivered to residents. 4. Administrator will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly starting 4-21-22 and as needed for review/revision.	

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M 500	Continued From page 5 An interview on 4/21/22 at 11:00 AM, with the Administrator, confirmed the mail was not picked up from the post office box, by a facility staff member, and delivered to the residents on Saturdays. The Administrator also revealed that there was an option available for the mail to be delivered to the facility on Saturdays through the local postal service which would have possibly ensured that the residents had the opportunity to receive mail on Saturdays. Record review of the most recent Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/25//2022, for Resident #4, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #4 is cognitively intact. Record review of the most recent Quarterly MDS with an ARD of 01/16/2022, for Resident #18 revealed a BIMS score of 15, indicating Resident #18 is cognitively intact. Record review, of the most recent Annual MDS with an ARD date of 02/23/2022, for Resident #21, revealed a BIMS score of 15, indicating Resident #21 is cognitively intact. Record review, of the most recent Quarterly MDS with an ARD date of 04/06/2022, for Resident #37, revealed a BIMS score of 13, indicating Resident #37 is cognitively intact.	M 500		
M 770	45.27 RESIDENT ACTIVITIES RESIDENT ACTIVITIES This Statute is not met as evidenced by:	M 770		5/11/22

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M 770	Continued From page 6 Level II Based on facility policy review, resident and staff interviews, and record review, the facility failed to provide activities on the weekends for four (4) of 16 residents reviewed. Resident #4, Resident #18, Resident #21, and Resident #37. Findings include: Record review of facility policy titled, "Activities and Social Events," dated March 26, 2007, revealed, "Policy Statement It is the policy of this facility that all residents have the right to choose the types of activities and social events in which they wish to participate ....Procedure... 6. Daily activities, including those on weekends and holidays, are provided, as well as scheduled religious and social activities..." Resident #4 An interview on 4/19/22 at 11:45 AM, with Resident #4, revealed he wanted the facility to schedule more activities on the weekends. The Resident revealed there was nothing that he liked to do on the weekends. Record review of Resident #4's Admission Record revealed an admission date of 1/18/22. Record review, of the most recent Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) date of 04/20/2022, that was in progress for Resident #4, revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating Resident #4 has moderately impaired cognition. Record review of the Section F revealed the question, "F. how important is it to you to do your favorite activities," and revealed	M 770	1. Weekend activities will be scheduled beginning 4-23-22 on Saturdays and Sunday. Activities Director will be responsible for scheduling activities on these days. Activities Director will assign a Certified Nursing Assistant to ensure activities are available for residents and will keep a log in weekend activities binder to record residents' attendance. Administrator in serviced Activities Director on 4-21-22 regarding weekend activities. 2. All residents who wish to attend activities have the potential to be affected by this practice. 3. A weekend binder log was created on 4-21-22 by Activities Director to record residents' attendance for weekend activities. Activities Director will oversee all weekend activities to ensure they are scheduled and meet resident's needs. Administrator in serviced nursing staff on 4-21-22 regarding process for weekend activities. 4. Administrator will monitor weekend activities every week x 4 weeks beginning 4-21-22 and as needed thereafter to ensure they are scheduled, and residents are attending. This will be completed by meeting with residents who attend weekend activities and getting feedback. Administrator will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly starting 4-29-22 and as needed for review/revision.	

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Resident #4's response of "Very Important."

Resident #18

On 4/19/22 at 11:33 AM, an interview with Resident #18, revealed there are not activities on the weekend and would like there to be something organized to do on the weekend. Resident #18 stated he had spoken to the Activities Coordinator and asked her to arrange weekend activities but have not seen any take place.

Record review of Resident #18's Admission Record revealed an admission date of 9/23/20.

Record review of the most recent Quarterly MDS, with an ARD of 02/16/2022, for Resident #18 revealed a BIMS score of 15, indicating Resident #18 is cognitively intact.

Resident #21

An interview on 04/19/22 at 10:45 AM, with Resident #21, who is also the Resident Council President, confirmed that there are limited activities on the weekend. Resident #21 revealed there were games left in cabinet drawers in the dining room for the residents to go get on their own. Resident #21 revealed she wanted more activities to take place on the weekends.

Record review of Resident #21's Admission Record revealed an admission date of 3/16/21.

Record review of the most recent MDS, with an ARD of 02/23/2022, for Resident #21, revealed a BIMS score of 15, indicating Resident #21 is cognitively intact. Record review of the Section F, revealed the question, "F. how important is it to

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M 770	Continued From page 8	M 770		

you to do your favorite activities," and revealed Resident #21's response of, "Very Important."

Resident #37

An interview on 04/19/22 at 11:33 AM, with Resident #37, revealed he would like more activities to be scheduled for the weekends. Resident revealed there are games left in cabinet drawers, in the dining room for them to get on their own but wanted other entertainment on the weekend.

Record review of Resident #37's Admission Record revealed an admission date of 12/28/21.

Record review of the most recent Quarterly MDS with an ARD of 04/06/2022, for Resident #37, revealed a BIMS score of 13, indicating Resident #37 is cognitively intact.

An interview on 04/20/22 at 11:15 AM, with the Activities Coordinator, revealed that there were no scheduled activities for the residents on every weekend of the month, and that most of the weekend activity calendar entries were options for activities that the residents can seek out for themselves. She revealed she had two scheduled activities for the month on weekends, from January 2022 to March 2022, and that there were three (3) scheduled activities for the month on weekends for April 2022, but there were different types of games that were left in the cabinet drawers in the dining room for the residents to use on their own as entertainment. The Activities Coordinator revealed the residents would know the games were in the dining room cabinet drawers and were instructed they could go in the dining room themselves and could get the games at any time on the weekends.

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M 770	Continued From page 9 An interview on 04/20/22 at 11:30 AM, with the Administrator, revealed that daily activities are very important to the residents, that she knows that several of the residents look forward to participating in daily activities, and that daily activities should always be available, according to residents' individual preferences. An interview on 4/20/22 at 1140 AM, with the Director of Nursing (DON), revealed she was not aware that the residents did not have weekend activities, and did not schedule CNAs to assist with the weekend activities. The DON did confirm that the weekend CNAs should have been monitoring resident activities, should have ensured the residents were transported to and from the activities, if transport assistance was needed, and should have assisted in monitoring residents, during the activities, to ensure they were safe and assisted with any other needs. A telephone interview on 4/20/22 at 04:04 PM, with CNA #1 confirmed she was a weekend CNA, have seen some residents go into the dining room before and play the board games by themselves, but was not aware that activities took place for residents on the weekends. A telephone interview on 4/20/22 at 04:15 PM, with CNA #2, confirmed she was a weekend CNA and she revealed she rarely saw the residents in activities on the weekends. A telephone interview on 4/20/22 at 04:22 PM. with CNA #3, confirmed she was a weekend CNA and she revealed she had residents in weekend activities occasionally. CNA#3 revealed there were games in the drawers in the dining room, but the residents did not come to the dining room	M 770		

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M 770	Continued From page 10 often to play games. A telephone interview on 4/20/22 at 04:29 PM, with CNA #4, revealed she was a weekend CNA and the residents do not normally have activities on the weekends. The CNA revealed she had seen some of the residents come to the dining room on their own to get the games out of the drawers to play. An interview on 4/21/22 11:30 AM, with the Ombudsman, revealed she was recently made aware of the residents not having scheduled activities on the weekends and that she had recently met with the Resident Council President regarding there being no weekend activities. Record review of the Activities Calendar for January 2022, February 2022, March 2022, and April 2022 revealed an entry, for an activity, for every Saturday and Sunday of each month. Record review revealed the entries consisted of a volunteer church group, that was scheduled for 2:00 PM, on January 8, 2022, on February 12, 2022, on March 12, 2022, and on April 9, 2022, and a church group, that was scheduled for 2:00 PM, on January 9, 2022, on February 13, 2022, on March 13, 2022, April 10, 2022, and there were weekend entries, for an individual piano volunteer, to come at 10:00 AM on April 3, 2022, on April 10, 2022, on April 17, 2022, and on April 24, 2022.	M 770		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.	M 815		5/11/22

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M 815	Continued From page 11 This Statute is not met as evidenced by: Level II Widespread Based on observation, staff interviews and facility policy review the facility failed to ensure items in the kitchen refrigerator were dated and labeled and failed to discard food items by the expiration date for one (1) of three (3) dietary observations. Findings Include: Review of the facility policy titled, "Food Storage" revised April 2022, revealed "Policy Statement: It is the policy of this facility that food storage areas be maintained in a clean, safe, and sanitary manner...8. All foods stored in refrigerators and freezers that have been opened will be covered and labeled with the date and name of food if appropriate and will be discarded within the appropriate time frame. 9. All leftover foods are to be stored in covered containers, dated, & labeled ...If not used by the (3rd) day, they are to be discarded. Cold leftovers not used by the third (3rd) day are to be discarded. An observation on the initial tour of the kitchen on 4/19/22 at 7:55 AM, revealed in the refrigerator number one: Three peanut butter and jelly sandwiches laying on the top rack of the refrigerator. One was dated 4/8 and two were dated 4/9, a small bowl full of a brown substance, not labeled or dated, a 32 ounce container of supplement with an opened date of 4/6, a large gallon-sized bag of sliced cheddar cheese, not labeled or dated, a large gallon-sized bag of sliced white cheese, not labeled or dated, a large plastic container of red liquid substance dated 4/5/22. An observation revealed in kitchen refrigerator number two (#2) : A gallon size bag of	M 815	1. Outdated food and undated food were immediately discarded. An in-service by the Regional Dietary Manager was conducted on 04-19-2022 with the dietary workers regarding placing dates on all food as it is received and to immediately dispose of out-of-date food. The In-service included instructions on completing the daily log. 2. All residents have the potential to be affected by the practice. 3. A Daily log was created for the Dietary Manager on 4-19-22 to check the refrigerator for any expired food and action taken should expired food be found. 4. The Administrator will be doing weekly inspections beginning 04-19-2022 for (4) four weeks to ensure that there are dates on all food and that there is no expired food. Findings will be presented to the Quality Assurance and Improvement Committee beginning 4-29-22.	

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M 815	Continued From page 12 five (5) croissants dated 3/29/22, a gallon size bag of leftover sausage and bacon that was not labeled or dated, a Styrofoam container of cooked scrambled eggs with a watery substance around the eggs that were not dated, one container of a red watery substance that was not labeled or dated and a Styrofoam container of three (3) cooked hamburger patties that were not dated or labeled. An interview on 4/19/22 at 8:00 AM, with Dietary Worker #1 revealed that she thinks the small bowl full of a brown substance was peanut butter and jelly. Dietary Worker #1 reported that the dietary staff was supposed to be throwing this stuff out every day. Dietary Worker #1 confirmed that they had not been cleaning out the refrigerators daily and that staff failed to date the leftover items that they had placed in the refrigerator. An observation and interview on 4/19/22 at 8:15 AM, of refrigerator #2 revealed Dietary worker #2 stated, "What's all this stuff in here?" He confirmed that the non-dated and unlabeled foods were not supposed to be in there and that they should have been dated and that all foods should be discarded after three days. An interview on 04/19/22 at 09:40 AM, with Dietary Worker #3 revealed she has been with the facility for about 2 months and is in training to be the Dietary Manager. Dietary Worker #3 confirmed the refrigerators should be checked daily, expired food should be thrown away and the dietary staff should be checking to see that they date the food items when they place them in the refrigerator. An interview with the Regional Dietary Manager	M 815		

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	59AL	A. BUILDING: _____ B. WING _____	04/21/2022

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M 815	Continued From page 13 (RDM) on 04/19/22 at 09:50 AM, revealed that she comes to the facility three days a week to work with the Dietary Manager in training. She confirmed that the food items should be dated before they place them in the refrigerator and that the items are to only be kept for 3 days and then discarded. The RDM confirmed that they have failed to keep the refrigerators cleaned out and the old food disposed of, but that they will make sure they are cleaned out right away.	M 815		
M1205	45.40.6 Floors Floors. All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, and record review the facility failed to maintain a clean comfortable environment as evidenced by torn flooring in resident's bathroom for three (3) of 43 residents reviewed. Resident's #4, #18 and #37. Findings include: Resident #4, Resident #18 and Resident #37 An observation and interview on 04/19/22 at 10:19 AM, of the linoleum rug on Resident #4, Resident #18's and Resident #37's shared bathroom floor, revealed a missing piece from the linoleum rug. There appeared to be a layer of brown substance that had collected at edge of the damaged area of the linoleum rug. Resident #18 revealed he had accidentally urinated on the floor	M1205	1. Replacement floor was ordered on 4-20-22 for Resident #4, Resident #18 and Resident #37's bathroom. Bathroom floor was received and replaced on 5-10-22 and bathroom door was painted. Resident #4 and Resident #18's wheelchairs were cleaned on 4-21-22. All residents' wheelchairs were checked on 4-21-22 for dirtiness and cleaned as needed. 2. All residents have the potential to be affected by this practice. All residents with wheelchairs have the potential to be affected by this practice. 3. Issues/concerns regarding Maintenance will be logged in the Maintenance Work Order Log. Maintenance Staff will check Work Order Log every morning when he comes on duty beginning 4-21-22 and every evening before leaving to ensure issues/concerns are addressed. Administrator will audit and	5/11/22

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M1205	Continued From page 14 a few times and had seen it go under the damaged area of the linoleum rug. The damaged area of the linoleum rug in the doorway of the bathroom, was in a horseshoe shape, and extended inside the bathroom over near the left side of the toilet. The damaged flooring appeared to be approximately seven (7) inches wide and approximately 11 inches long. Resident #18 revealed that the Maintenance Staff had been in the bathroom a few days ago and did not say anything about fixing the linoleum rug or the door and doorknob. Resident #37 revealed that he had reported the linoleum rug being torn to a Certified Nursing Assistant (CNA), but could not remember which CNA he told. An observation and interview on 4/21/22 at 09:30 AM, with the Maintenance Staff, revealed he was aware of the damaged flooring in Resident #4's, Resident #18's and Resident #37's shared bathroom. He was informed of the damaged flooring by the administrator one day last week and that an order had been placed for replacement supplies for the bathroom floor. The Maintenance Staff revealed that he had no other alternative for repair of the bathroom flooring. He also revealed he did not take the linoleum rug up off the bathroom floor because he did not know what other damage to the floor may have been under it. The Maintenance Staff confirmed Resident #4, Resident #18, and Resident #37 are not being allowed to live in a comfortable and clean, homelike environment, because the damage had not been repaired in their bathroom, and the possibility that the bathroom floor cannot be completely cleaned due to the damaged flooring. An observation and interview on 4/21/22 at 09:45 AM, with the Administrator, confirmed she was	M1205	observe resident's rooms and bathrooms weekly x 2 months beginning 4-21-22 and then as needed thereafter to ensure any concerns are addressed and residents remain in a clean, homelike environment. Director of Nursing updated nightly cleaning schedule on 4-21-22 and staff will clean wheelchairs on 10-6 shift every night on a rotating schedule and as needed. Night shift nurses will be responsible for ensuring this is completed every night by checking assigned wheelchairs. Director of Nursing will inspect 5 random wheelchairs weekly beginning 4-21-22 x 4 weeks to ensure cleaning is taking place and as needed thereafter. 4. Administrator and Director of Nursing will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly starting 4-29-22 x 3 months and as needed for review/revision.	

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M1205	Continued From page 15 aware of the damaged flooring in Resident #4's, Resident #18's and Resident #37's bathroom. The Administrator revealed she had known about the damaged flooring for two (2) weeks, had informed the Maintenance Staff of the flooring damage, and an order had been made for the replacement bathroom flooring supplies. They were awaiting corporate approval. The Administrator confirmed the damaged flooring could be a cause for the bathroom floor to not be cleaned adequately and can possibly cause germs and bacteria to grow in the flooring's damaged area. The Administrator confirmed Resident #4, Resident #18, and Resident #37 are not being allowed to live in a clean and homelike environment due to all of the damage not being repaired in their bathroom. An interview on 4/21/22 at 2:25 PM, with the Administrator, revealed she did not make the order for replacement supplies for the damaged bathroom flooring. Record review of the Maintenance Work Order Log did not reveal a work order for the damaged flooring in the bathroom for Resident #4, Resident #18 and Resident #37. Record review of the Maintenance Inspection Log did not reveal a section of the log for resident room inspections or resident bathroom inspections. Record review, of the most recent Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) date of 01/25/2022, for Resident #4, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #4 is cognitively intact.	M1205		

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M1205	Continued From page 16 Record review of the Quarterly MDS with an ARD date of 02/16/2022, for Resident #18 revealed a BIMS score of 15, indicating Resident #18 is cognitively intact. Record review, of the Quarterly MDS, with an ARD date of 04/06/2022, for Resident #37, revealed a BIMS score of 13, indicating Resident #37 is cognitively intact.	M1205		