STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255264	A. BUILDING _____ B. WING _____	04/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMM LIVING CENTER	200 LONG STREET BOONEVILLE, MS 38829

(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 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 requirements for participation in Medicare and Medicaid. The SA did not substantiate CI MS# 18621 for employee to resident abuse. The SA cited deficiencies F576, F584, F645, F679, F761 and F812. The facility was licensed for 64 beds and had a census of 43 at the time of the survey.	F 000		
F 576 SS=F	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal	F 576		5/11/22

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

Electronically Signed | 05/11/2022

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F 576	Continued From page 1 service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, the facility failed to provide mail delivery on Saturday to 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	F 576	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 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	

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F 576	Continued From page 2 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. 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 was cognitively intact.	F 576	starting 4-21-22 and as needed for review/revision.	

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F 576	Continued From page 3 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.	F 576		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance	F 584		5/11/22

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F 584	Continued From page 4 services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, facility policy and record review the facility failed to maintain a clean comfortable environment as evidenced by torn flooring in resident's bathroom, dirty wheelchair and damaged door and knob 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	F 584	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	

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F 584	Continued From page 5 damaged area of the linoleum rug. Resident #18 revealed he had accidentally urinated on the floor 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. The observation also revealed the base of the bathroom doorknob on the door to Resident #4's room was rusted, and an approximate one (1) one-half (½) inch in diameter area of the metal bathroom door surrounding the base of the bathroom doorknob was damaged by rust. 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 on 4/20/22 at 09:00 AM, of Resident #4's bathroom revealed that the base of the bathroom doorknob, that the area of the metal bathroom door surrounding the base of the bathroom doorknob, had not been repaired. 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	F 584	duty beginning 4-21-22 and every evening before leaving to ensure issues/concerns are addressed. Administrator will audit and 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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F 584	Continued From page 6	F 584		

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 the rust damage to the base of the doorknob and the rust damage to the area of the metal bathroom door surrounding the base of the doorknob for Resident #4. He revealed he had not observed the damage to Resident #4's metal bathroom door and doorknob, when he checked the damaged flooring the previous week. 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 damaged doorknob and damaged metal bathroom door 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 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 also revealed she was not aware Resident #4 had rust damage to the base of the bathroom doorknob and the area of the metal bathroom door surrounding the base of the bathroom doorknob. 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

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F 584	Continued From page 7	F 584		

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.

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.

Resident #4 and Resident #18

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Review of the facility policy titled, "DISINFECTION OF DURABLE MEDICAL EQUIPMENT," with a procedure revision date of August 25, 2014, revealed, "Purpose ...Durable medical equipment (DME) shall be cleaned and disinfected routinely and following resident use."

An observation and interview on 04/19/22 at 10:40 AM, with Resident #18 revealed his motorized wheelchair was not clean. The black/platform area, that was located behind and extended under the motorized wheelchair's seat, had an excessive amount of what appeared to look like dust, lint, and crumbs all over it. The black bars on each side of the seat were covered in a thick residue. The wide/single black foot petal had a collection of what appeared to look like lint, dust, and crumbs around the curved back area of it, behind Resident #18's feet. Resident #18 revealed he did want his wheelchair to be cleaned and had been told by a nurse that the CNAs were responsible to clean the wheelchairs weekly. The Resident revealed he could not remember which nurse told him about the wheelchair cleaning and did not remember the last time his wheelchair had been cleaned.

An observation and interview on 04/19/22 at 11:04 AM, of Resident #4's manual wheelchair revealed a sticky brown residue on the bars, located on each side of the wheelchair's seat, and both manual wheelchair locks. Resident #4 revealed he could not recall the last time that staff had cleaned his wheelchair and he did want his wheelchair to be cleaned. Resident #4 stated he had been told before, by a nurse, that the wheelchairs are cleaned every week by the CNAs but could not remember which nurse told him

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F 584	Continued From page 9 about the wheelchair cleaning. An observation on 4/20/22 at 09:45 AM, of Resident #4's and Resident #18's wheelchair, revealed the chairs had not been cleaned. An observation and interview on 4/21/22 at 10:20 AM, with the Director of Nursing (DON), of Resident #18's electric wheelchair confirmed his wheelchair had what appeared to possibly be lint, dust, and crumbs covering the platform located behind and extended under the seat of the electric wheelchair and in the curved area of the foot petal. The DON confirmed the CNAs were scheduled to clean the residents' wheelchairs every Tuesday, that the unclean wheelchairs could possibly pose a risk of infection for Resident #4 and Resident #18. An interview on 4/21/22 at 10:30 AM, with the Administrator, revealed that all resident wheelchairs should be cleaned weekly by the CNAs, and Resident #4's manual wheelchair and Resident #18's electric wheelchair should have already been cleaned for the week. Record review of the "CNA Daily Cleaning Checklist for your assigned residents," revealed, "Tuesday...Wheelchairs," revised 7/22/19.	F 584		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:	F 645		5/11/22

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(i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,
(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires specialized services; or
(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-
(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-
(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a

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F 645	Continued From page 11 hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review the facility failed to submit a referral for a Preadmission Screening and Resident Review (PASARR) Level 2 for a resident admitted to the facility with a mental illness diagnosis for one (1) of two (2) residents reviewed. Resident #3 Findings include: Review of facility policy titled, PHYSICIAN CERTIFICATION FOR NURSING FACILITY AND MI/MR SCREENING, current revision date September 15, 2014, revealed, "The Admission Coordinator or designee will obtain a current Medicare certification, Pre-Admission Evaluation...PAS (Pre-admission Screening) (MS)	F 645	1. A request for a Pre-Admission Screening Resident Review (PASSR) Status Change was done on 4-19-2022 by the facility's Director of Nursing for Resident (#) 3. The Pre-Admission Screening Resident Review (PASSR) Status Change review outcome revealed no further Pre-Admission Screening Resident Review (PASSR) is required for Resident (#)3. On 4-20-2022, the Social Services Director was in serviced by the Administrator on performing a Pre-Admission Screening Resident Review (PASSR) Status Change any time there is a change in status or condition of a resident in the facility. 2. Residents that have a change of	

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F 645	Continued From page 12 (Mississippi) and PASRR (Pre-admission Screening and Resident Review) if required on all Medicare Part A admissions." Record review of signed statement from the Administrator, undated, revealed, "(Proper Name of Facility) follows Federal and State regulations regarding PASARR." An interview with the Administrator on 4/20/22 at 7:45 AM, revealed she was aware of some PASARRs that were not completed as required. She stated she is new in this position and the facility has had a large staff turnover and even though she was trying to update each one, she failed to submit this resident's referral for the Level 2. She stated it is her responsibility to ensure the PASARRs are submitted as required. An interview with the Administrator on 4/21/22 at 8:20 AM, revealed she contacted the referral agency to verify if a referral had been sent prior to her coming to the facility, and the referral agency stated they have not had a referral for this resident since 2015 and no Level 2 was done. The Administrator confirmed the resident was admitted to the facility on 6/5/2020 with a diagnosis of Bipolar Disorder and a referral of the PASARR Level 2 was not submitted. The Administrator confirmed this should have been done to help ensure the safety for the residents and staff and to ensure proper placement of the resident. Record review of the Pre-Admission Screening (PAS) Application for Long Term Care dated 6/8/2020, revealed the resident with an active medical condition of Bipolar Disorder. Part B - Level II Referral Criteria "Person has a diagnosis	F 645	status or condition have the potential to be affected by the deficient practice. 3. Medical Records Nurse/Social Services Director will audit new diagnosis of mental illness or mental retardation or related condition or a significant change in the residents physical or mental condition weekly beginning on 4-20-2022. A Pre-Admission Screening Resident Review (PASSR) Status Change request will be made by the Social Services Director if needed. An in-service was done and completed on 4-20-2022 with Social Services Director by the Administrator regarding doing a Pre-Admission Screening Resident Review (PASSR) Status Change or condition. The Administrator/ Business Office Manager began weekly auditing in morning meetings beginning on 4-20-2022 and will audit weekly for a period of four (4) weeks to ensure a Pre-Admission Screening Resident Review (PASSR) Status Change is done if necessary. Finding will be corrected immediately. 4. The Administrator/Business Office Manager (BOM) will report to the Quality Assurance Improvement Committee monthly beginning 4-29-22 and as needed for review, revision, and or resolution to the plan.	

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of a major mental illness? This was answered "No".

Record review of The Admission Record revealed that Resident #3 was admitted to the facility of 6/5/2020 with an admission diagnosis of "Bipolar Disorder, current episode depressed, mild or moderate severity, unspecified."

Record review of the Physician Orders for Resident #3 revealed an order dated 3/10/22 for Zoloft Tablet 25 milligrams (mg) one time a day related to Bipolar Disorder.

Record review of Resident #3's Minimum Data Set (MDS) Section C - Cognitive with an Assessment Reference Date (ARD) of 4/13/22, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident was cognitively intact.

Record review of MDS Section D - Mood, dated 4/13/22, revealed the resident with a symptom of "feeling down, depressed, or hopeless" for two (2) of six (6) days over the look back period of two weeks. This section revealed the resident "had thoughts that you would be better off dead, or of hurting yourself in some way" for 12-14 days of the two week look back period.

Record review of MDS Section I - Active Diagnoses, dated 4/13/22, revealed the resident with a diagnoses of Bipolar Disorder and Depression.

Record review of MDS Section N - Medications, dated 4/13/22, revealed for the seven (7) day look back period, the resident received an Antidepressant for seven (7) of the seven (7)

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F 645	Continued From page 14 days.	F 645		
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: 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	F 679	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.	5/11/22

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F 679	Continued From page 15 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 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	F 679	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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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 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.

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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.

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

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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 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

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F 679	Continued From page 19 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.	F 679		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 761		5/11/22

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F 761	Continued From page 20 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility policy review the facility failed to store medications in a locked medication cart for one (1) of two (2) medication carts. C Hall Findings include: Record review of the facility policy titled, "Medications, Individual Medication Storage Cabinets," dated August 25, 2014 revealed, "Purpose: Medication administration utilizing individual medication storage cabinets will meet the same criteria for timeliness, infection control, and medication safety as standard medication administration. Guidelines ...2. ...The patient's individually packaged medications (blister packs) will be kept inside this container inside the storage cabinet ..." On 04/19/22 at 9:54 AM, the State Agency (SA) observed the medication cart parked against the wall on the C hall with three medication cards laying on top of the medication cart with visible pills observed in the medication cards bubble packs. The medication cards that were observed were for Resident#12. The medications included Baclofen, Carvedilol, Amlodipine. The SA surveyor stood in the hallway until the nurse exited Resident #12's room. An interview on 4/19/22 with Licensed Practical Nurse (LPN) #1 at 10:00 AM, confirmed that she had left medications unsecured on top of the medication cart and she stated, "I thought they	F 761	1. Unsecured medications were removed from the top of cart by Licensed Practical Nurse on 4-19-22 and placed in medication cart under lock. Licensed Practical Nurse #1 was coached by Director of Nursing on 4-19-22 regarding not leaving unsecured medications on top of medication cart, and medications should always be placed in medication cart and locked when nurse is away from cart. 2. All residents receiving medications have the potential to be affected by this practice. 3. Director of Nursing in serviced nurses on 4-19-22 that medications must be kept in locked compartments and should only be accessed by authorized personnel. Director of Nursing will complete observations of medication carts twice a day x 4 weeks beginning 4-21-22 to ensure medications are kept locked in medication cart and not left unattended and as needed thereafter. 4. Director of Nursing 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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F 761	Continued From page 21 were empty. I had gotten those out to give to Resident#12. Those are his medicines and I left them out. It's my mistake." LPN #1 took the three medication cards and verified that they were not empty and that all three contained pills in the cards and placed them back into the locked medication drawer. An interview with the Director of Nursing (DON) on 04/21/22 at 1:55 PM, confirmed that all medications should be stored safely and in a locked medication cart and stated that the LPN had told her that she had left the medications on top of the medication cart unsecured.	F 761		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812		5/11/22

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F 812	Continued From page 22 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 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	F 812	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 Inservice 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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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 (RDM) on 04/19/22 at 09:50 AM, revealed that she comes to the facility three days a week to

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMM LIVING CENTER	200 LONG STREET BOONEVILLE, MS 38829

(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 812	Continued From page 24 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.	F 812		