STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255148	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE CENTER	102 WOODCHASE PARK DRIVE CLINTON, MS 39056

(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 Upon secondary review with Centers for Medicare and Medicaid Services (CMS) Regional Office staff and State Quality Assurance review of the Statement of Deficiencies, the CMS-2567 was amended on 4/13/22 to include F568 - Accounting and Records. The State Agency (SA) conducted complaint investigations (CI) for CI MS #17989, CI MS #18349, CI MS #17960 and CI MS #18409 at the facility from 2/28/22 through 3/3/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated CI MS #17989 related to pressure ulcer treatment and cited F 880. CI MS #18349 was substantiated for misappropriation of resident funds and cited F 602. The SA did not substantiate CI MS #17960 for improper facility discharge and CI MS #18409 for odors and room temperature too hot. The facility held a license for 145 beds and had a census of 119 at the time of the survey.	F 000		
F 568 SS=E	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.	F 568		5/25/22

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

Electronically Signed | 04/01/2022

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F 568	Continued From page 1 (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to employ proper bookkeeping techniques for individual resident funds for three (3) of five (5) residents reviewed with the potential to affect any residents who have or have had a resident trust fund. (Resident #4, Resident #5, and Resident #7). See F602 for additional information. Findings Include: Record review of the facility's, "Resident Trust Fund Policy", dated 11/11/2019, revealed " ...Managing the Resident's Personal Funds Resident Trust Account (1) ...Care cost payments owed to the facility for room and board are debited from the Residents Trust Account and transferred to the facility RFMS Resident Trust Management Services Care Cost Account ...Cash Payments It is (Proper Name of Facility) policy not to accept cash payments ...If the resident/responsible party is unable to convert the cash to checks or money order, the facility will accept the payment. Then issue the resident/responsible party a receipt ..." On 3/1/22 at 10:30 AM, in an interview with the Administrator, she stated the former Business Office Manager (BOM) had been accepting cash payments or blank money orders for "care costs" from resident's families. She would keep the cash and blank money orders for her personal usage. She would then transfer money from	F 568	Preparation and submission of this plan of correction by Woodlands Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F568 1. On December 31, 2021, refunds were provided by the facility to three (3) of fifty-six (56) residents reviewed as potentially being affected by unauthorized withdrawals without supporting documentation. Resident #7 was refunded $531.82, Resident #5 was refunded $901.20, Resident #4 was refunded $515.92. Business Office Manager (BOM) was suspended on December 1, 2021, and terminated on December 3, 2021. The initial audit of trust fund transactions continued through March 15, 2021, followed by a review of credit card transactions that continued through April 22, 2022; and ACH transactions which continued through May 10, 2022 to ensure all funds that were mis-posted with monies in question are refunded. The facility self-reported the	

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F 568	Continued From page 2 another resident's personal fund account using a "care cost" debit transaction and post it to the facility RFMS in the name of residents who had paid by cash or blank money order. Therefore, the facility RFMS would not show an unpaid balance for the resident's care costs and did not raise a red flag. As a result, the facility no longer accepts cash payments or blank money orders as payment sources. On 3/1/22 at 2:38 PM, in an interview with the current Business Office Manager, she confirmed the facility no longer accepts cash payments or blank money orders as payment. She stated when Resident #7 expired, Responsible Party (RP) #1 asked the facility to cut a check to pay for funeral expense. When RP #1 received the check, he inquired as to why there was a $531.82 difference from the last resident personal fund statement. This inquiry initiated the facility's investigation. On 3/2/22 at 9:12 AM, in an interview with the Administrator, she stated the facility is continuing to audit all resident transactions and have been reimbursing resident personal funds. She confirmed it will take time to audit all the transactions and they will continue to reimburse the resident trust accounts. The former BOM was the only person who took payments and was the only person who posted transactions to the residents' accounts. She confirmed the former BOM was suspended on 12/1/21 and terminated on 12/3/21. Resident #7 On 3/2/22 at 10:27 AM, in an interview with the Administrator, she stated Resident #7 expired	F 568	unauthorized withdrawals on December 3, 2021, to state agencies and police department, and a police report was obtained for felony misappropriation of funds. On April 14, 2022, Centers for Medicare and Medicaid Services (CMS) issued an imposition notice to include a directed plan of correction. As required by the directed plan of correction, the facility designated an individual not affiliated with ownership, operation or management to provide education and training on ethics, integrity for the governing body, administration and all staff of the facility. The facility also contracted the services of a forensic certified public accountant (CPA) not affiliated with ownership, operation or management to conduct an audit to assure that resident funds are managed in accordance with generally accepted accounting principles. 2. Each resident who paid resident liability with cash and/or money orders, and/or obtained a Resident Trust Account from November 2018 to November 2021, had the potential to be affected. Regional Financial Specialist audited all residents Trust Fund Accounts and Cash receipts to verify proper posting of care cost payments beginning on December 1, 2021. Thirty-eight (38) residents were identified throughout the course of the audit as being affected by misappropriation of resident funds. Upon identification of misappropriated funds, refunds were issued to make affected residents whole. These refunds included	

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F 568	Continued From page 3	F 568		

and the resident's RP phoned and requested the balance from the resident's trust account be sent to him for funeral arrangements. The RP stated that the month before, there was $531.82 plus money in the account, and he questioned the discrepancy. When the facility reviewed the account, they noticed there was a care cost payment transferred from the Residents Trust Account to the facility RFMS Care Cost Account on 10/27/21. This was out of the normal timeline because all care credit withdrawals usually occur between the 5th through the 10th of each month. Through their investigation, they discovered the former BOM had pulled money from Resident #7's resident trust account, using a care cost withdrawal, and had posted it to the facility RFMS Care Cost Account in the name of another resident that had paid in cash.

On 3/2/22 at 2:40 PM, in a phone interview with Resident #7's RP #1, he stated when his mom passed away, he phoned the facility to have her trust account money to be sent to the funeral home. He stated he noticed it was $500 less that what it should have been, and he contacted the facility to find out why. They investigated it and sent a check to Resident #7's estate for $531.82. He stated he had never noticed a discrepancy in her account before.

Record review of Resident #7's "Admission Record" revealed the facility originally admitted her on 10/2/2013 and she had a recent admission date of 2/22/21. She had diagnoses which included Cerebral Infarction, Unspecified Dementia with Behavioral Disturbance and Aphasia.

Record review of the quarterly Minimum Data Set

any accruals to resident trust fund accounts of affected residents. All affected residents were made whole as of May 19, 2022.

3.
In-services on Abuse and Neglect, Resident Rights, Vulnerable Adults Act, and Misappropriation was completed for Business Office staff on December 1, 2021 by Administrator and Staff Development Coordinator. In-services on Abuse and Neglect, Resident Rights, Vulnerable Persons Act, and Misappropriation was initiated for facility staff On April 4, 2022. Facility implemented a No Cash Policy and Business Office staff were trained by Regional Financial Manager regarding new policy on December 10, 2021. On December 31, 2021, Facility implemented a new Trust Fund Policy. On April 11, 2022, Business Office staff were trained on an updated policy related to Resident Trust Funds and separation of duties by the Regional Financial Manager. The separation of duties was developed and put into place to control access to cash, receipting and posting of cash. Beginning on April 6, 2022, the Administrator is to audit weekly the cash receipts, trust fund transactions and operating accounts to ensure accurate posting of applicable transactions to the appropriate accounts. Beginning May 3, 2022, the Vice President of Revenue Cycle implemented a quarterly audit tool to be completed by the Regional Financial Specialist quarterly. A directed in-service was

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F 568	Continued From page 4 (MDS) with and ARD of 11/15/21 revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated she was severely cognitively impaired. Record review of Resident #7's "Resident Fund Management Service Statement" with a statement period of 10/1/2021 through 12/31/2021 revealed on 10/27/21, there was a Care Cost Payment debit in the amount of $531.82. Record review of a copy of a facility check dated 12/31/21 and made out to the estate of Resident #7 in the amount of $531.82, revealed the facility refunded the resident for the Care Cost payment that was deducted from her trust account on 10/27/21. Resident #4 Record review of Resident #4's "Resident Fund Management Service Statement" with a statement period of 10/1/2021 through 12/31/2021 revealed on 10/27/21, there was a Care Cost Payment debit in the amount of $515.92. Record review of a facility check dated 12/31/21 and made out to Resident #4 in the amount of $515.92, revealed the facility refunded the resident for the Care Cost payment that was deducted from his trust account on 10/27/21. Record review of the "Resident Statement Landscape" for Resident #4 revealed on 7/28/21, a Care Cost payment was debited in the amount of $1929.50, instead of the usual amount of $1115.00. This was a difference of $814.50.	F 568	conducted by the External Ethics Consultant and in conjunction with the VP for Compliance and Administrator for facility employees and governing body on May 5, 2022 and May 6, 2022 on ethics, compliance, abuse, neglect, misappropriation of resident funds, the Elder Justice Act and the importance of reporting such misconduct. On May 12, 2022, the same in-service was held and recorded via Microsoft Teams. This purpose of this recording is to incorporate into the facility orientation process for new employees going forward. Permission was granted by the council to allow the facility and External Ethics Consultant to conduct a special Resident Council meeting that was held on May 5, 2022 to discuss and provide written information regarding abuse, misappropriation of resident property and the facility's duty to report and safeguard. On May 6, 2022 and May 7, 2022, Family Council meetings were held to discuss and educate on misappropriation of resident property, abuse and reporting such misconduct. On May 13, 2022, the facility mailed a letter and copy of the presentation materials to all resident representatives to cover the same education provided during the Family Council meetings. The forensic Certified Public Accountant (CPA) conducted an audit to assure that resident funds are managed in accordance with generally accepted accounting principles. The audit concluded on May 12, 2022, with only one additional finding of misappropriated monies. Monies were immediately made whole on May 12,	

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F 568	Continued From page 5 Record review of the "Cash Receipts Report" with a posting date of 7/8/21 revealed a receipt amount of $1115.00 with "Name ID" of Resident #4 was posted with an "Effective Date" of 7/8/21 and the "Payer/Comment" listed as "Resident Liability". Directly above that transaction was a receipt amount for $814.50 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability", which indicated $814.50 was debited from Resident #4's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #4 at the time of the survey. Record review of the "Resident Statement Landscape" for Resident #4 revealed on 8/27/21, a Care Cost payment was debited in the amount of $447.28. This was in addition to the usual monthly Care Cost payment of $1115.00 that was debited on 8/4/21. Record review of the "Cash Receipts Report" with a posting date of 8/30/21 revealed a receipt amount of $447.28 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 8/27/21. This transaction indicated $447.28 was debited from Resident #4's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #4 at the time of the survey. Record review of the "Admission Record" for Resident #4 revealed the facility admitted him on 3/24/20 with diagnoses including Cerebral Infarction, Type two Diabetes Mellitus with	F 568	2022, upon discovery. Subsequent report of findings submitted to the licensing agency on May 18, 2022. 4. Beginning the week of April 4, 2022, the Administrator and/or DON will meet with the BOM staff weekly and pull Care Cost from Resident Trust Fund to compare to the liability payment receipts weekly for four (4) weeks, then monthly for two (2) months, then quarterly thereafter. A report will be submitted monthly to the Quality Assurance Performance Committee by Administrator for further recommendations beginning April 27, 2022. The Administrator is responsible for on-going monitoring and compliance. Any changes deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement committee.	

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Hyperglycemia, Essential Primary Hypertension, and Major Depressive Disorder.

Record review of the "Brief Interview For Mental Status (3.0 BIMS)" dated 2/23/22 revealed Resident #4 had a BIMS score of 12, which indicated his cognition is moderately impaired.

Resident #5

Record review of the "Resident Fund Management Service Statement" with a statement period of 10/1/21 through 12/31/21, revealed on 10/27/21 there was a Care Cost Payment debit in the amount of $901.20.

Record review of a facility check dated 12/31/21 and made out to Resident #5 in the amount of $901.20, revealed the facility refunded the resident for the Care Cost payment that was deducted from her trust account on 10/27/21.

Record review of the "Resident Statement Landscape" for Resident #5 revealed on 6/22/21, a Care Cost payment was debited in the amount of $373.51. This was in addition to the usual monthly Care Cost payment of $744.40.

Record review of the "Cash Receipts Report" with a posting date of 6/23/21 revealed a receipt amount of $373.51 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 6/22/21. This transaction indicated $373.51 was debited from Resident #5's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #5 at the time of the survey.

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Record review of the "Resident Statement Landscape" for Resident #5 revealed on 7/13/21, a Care Cost payment was debited in the amount of $232.44. This was in addition to the usual monthly Care Cost payment of $744.40.

Record review of the "Cash Receipts Report" with a posting date of 7/14/21 revealed a receipt amount of $232.44 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 7/13/21. This transaction indicated $232.44 was debited from Resident #5's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #5 at the time of the survey.

Record review of Resident #5's "Admission Record" revealed the facility admitted her on 8/5/2016 with diagnoses including Unspecified Dementia without Behavioral Disturbance, Major depressive Disorder, and Essential Primary Hypertension.

Record review of Resident #5 Annual MDS with and ARD of 1/21/22, revealed a BIMS score of 5, which indicated she had severe cognitive impairment.

Record review of the "Job Description" updated 3/17, with the Position Title of "Business Office Manager", revealed, "Job Summary The Business Office Manager (BOM) is responsible to bill facility charges to the appropriate payor, collect outstanding Accounts Receivables, and oversee the resident trust fund in accordance with (Proper name) corporate policy and applicable

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F 568	Continued From page 8 federal, state, and local regulations". Record review of the "Personnel Action Form" for the former BOM, revealed her last day worked was 12/01/21 and her termination date was 12/2/21. Reason for Separation is listed as "Falsify Company Records (Involuntary)". Record review of "Disciplinary Action Record" dated 12/1/21, revealed "Employee Name" of former BOM, "Recommended Action" was checked as "Suspend", "Date of Occurrence" was listed as 11/24/21, and the "FACTS REGARDING INCIDENT" was "Under investigation of resident funds". Record review of "Disciplinary Action Record" dated 12/3/21, revealed "Employee Name" of former BOM, "Recommended Action" was checked as "Terminate", Date of Occurrence" was listed as 11/24/21, and the "FACTS REGARDING INCIDENT" was "investigation confirmed misappropriation of resident funds".	F 568		
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to ensure	F 602	F602	5/25/22

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F 602	Continued From page 9 residents were free from misappropriation of funds for three (3) of five (5) residents reviewed (Resident #4, Resident #5, and Resident #7), with the potential to affect 56 residents who have a resident trust fund. See F568 for additional information. Findings Include: Record review of the facility's, "Resident Trust Fund Policy", dated 11/11/2019, revealed " ...Managing the Resident's Personal Funds Resident Trust Account (1) ...Care cost payments owed to the facility for room and board are debited from the Residents Trust Account and transferred to the facility RFMS Resident Trust Management Services Care Cost Account ...Cash Payments It is (Proper Name of Facility) policy not to accept cash payments ...If the resident/responsible party is unable to convert the cash to checks or money order, the facility will accept the payment. Then issue the resident/responsible party a receipt ..." On 3/1/22 at 10:30 AM, in an interview with the Administrator, she stated the former Business Office Manager (BOM) had been accepting cash payments or blank money orders for "care costs" from resident's families. She would keep the cash and blank money orders for her personal usage. She would then transfer money from another resident's personal fund account using a "care cost" debit transaction and post it to the facility RFMS in the name of residents who had paid by cash or blank money order. Therefore, the facility RFMS would not show an unpaid balance for the resident's care costs and did not raise a red flag. As a result, the facility no longer accepts cash payments or blank money orders as	F 602	1. On December 31, 2021, refunds were provided by the facility to three (3) of fifty-six (56) residents reviewed as potentially being affected by unauthorized withdrawals without supporting documentation. Resident #7 was refunded $531.82, Resident #5 was refunded $901.20, Resident #4 was refunded $515.92. Business Office Manager (BOM) was suspended on December 1, 2021, and terminated on December 3, 2021. The initial audit of trust fund transactions continued through March 15, 2021, followed by a review of credit card transactions that continued through April 22, 2022; and ACH transactions which continued through May 10, 2022 to ensure all funds that were mis-posted with monies in question are refunded. The facility self-reported the unauthorized withdrawals on December 3, 2021, to state agencies and police department, and a police report was obtained for felony misappropriation of funds. On April 14, 2022, Centers for Medicare and Medicaid Services (CMS) issued an imposition notice to include a directed plan of correction. As required by the directed plan of correction, the facility designated an individual not affiliated with ownership, operation or management to provide education and training on ethics, integrity for the governing body, administration and all staff of the facility. The facility also contracted the services of a forensic certified public accountant (CPA) not affiliated with ownership, operation or management to conduct an	

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F 602	Continued From page 10 payment sources. On 3/1/22 at 2:38 PM, in an interview with the current Business Office Manager, she confirmed the facility no longer accepts cash payments or blank money orders as payment. She stated when Resident #7 expired, Responsible Party (RP) #1 asked the facility to cut a check to pay for funeral expense. When RP #1 received the check, he inquired as to why there was a $531.82 difference from the last resident personal fund statement. This inquiry initiated the facility's investigation. On 3/2/22 at 9:12 AM, in an interview with the Administrator, she stated the facility is continuing to audit all resident transactions and have been reimbursing resident personal funds. She confirmed it will take time to audit all the transactions and they will continue to reimburse the resident trust accounts. The former BOM was the only person who took payments and was the only person who posted transactions to the residents' accounts. She confirmed the former BOM was suspended on 12/1/21 and terminated on 12/3/21. Resident #7 On 3/2/22 at 10:27 AM, in an interview with the Administrator, she stated Resident #7 expired and the resident's RP phoned and requested the balance from the resident's trust account be sent to him for funeral arrangements. The RP stated that the month before, there was $531.82 plus money in the account, and he questioned the discrepancy. When the facility reviewed the account, they noticed there was a care cost payment transferred from the Residents Trust	F 602	audit to assure that resident funds are managed in accordance with generally accepted accounting principles. 2. Each resident who paid resident liability with cash and/or money orders, and/or obtained a Resident Trust Account from November 2018 to November 2021, had the potential to be affected. Regional Financial Specialist audited all residents Trust Fund Accounts and Cash receipts to verify proper posting of care cost payments beginning on December 1, 2021. Thirty-eight (38) residents were identified throughout the course of the audit as being affected by misappropriation of resident funds. Upon identification of misappropriated funds, refunds were issued to make affected residents whole. These refunds included any accruals to resident trust fund accounts of affected residents. All affected residents were made whole as of May 19, 2022. 3. In-services on Abuse and Neglect, Resident Rights, Vulnerable Adults Act, and Misappropriation was completed for Business Office staff on December 1, 2021 by Administrator and Staff Development Coordinator. In-services on Abuse and Neglect, Resident Rights, Vulnerable Persons Act, and Misappropriation was initiated for facility staff On April 4, 2022. Facility implemented a No Cash Policy and Business Office staff were trained by	

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Account to the facility RFMS Care Cost Account on 10/27/21. This was out of the normal timeline because all care credit withdrawals usually occur between the 5th through the 10th of each month. Through their investigation, they discovered the former BOM had pulled money from Resident #7's resident trust account, using a care cost withdrawal, and had posted it to the facility RFMS Care Cost Account in the name of another resident that had paid in cash.

On 3/2/22 at 2:40 PM, in a phone interview with Resident #7's RP #1, he stated when his mom passed away, he phoned the facility to have her trust account money to be sent to the funeral home. He stated he noticed it was $500 less that what it should have been, and he contacted the facility to find out why. They investigated it and sent a check to Resident #7's estate for $531.82. He stated he had never noticed a discrepancy in her account before.

Record review of Resident #7's "Admission Record" revealed the facility originally admitted her on 10/2/2013 and she had a recent admission date of 2/22/21. She had diagnoses which included Cerebral Infarction, Unspecified Dementia with Behavioral Disturbance and Aphasia.

Record review of the quarterly Minimum Data Set (MDS) with and ARD of 11/15/21 revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated she was severely cognitively impaired.

Record review of Resident #7's "Resident Fund Management Service Statement" with a statement period of 10/1/2021 through

Regional Financial Manager regarding new policy on December 10, 2021. On December 31, 2021, Facility implemented a new Trust Fund Policy. On April 11, 2022, Business Office staff were trained on an updated policy related to Resident Trust Funds and separation of duties by the Regional Financial Manager. The separation of duties was developed and put into place to control access to cash, receipting and posting of cash. Beginning on April 6, 2022, the Administrator is to audit weekly the cash receipts, trust fund transactions and operating accounts to ensure accurate posting of applicable transactions to the appropriate accounts. Beginning May 3, 2022, the Vice President of Revenue Cycle implemented a quarterly audit tool to be completed by the Regional Financial Specialist quarterly. A directed in-service was conducted by the External Ethics Consultant and in conjunction with the VP for Compliance and Administrator for facility employees and governing body on May 5, 2022 and May 6, 2022 on ethics, compliance, abuse, neglect, misappropriation of resident funds, the Elder Justice Act and the importance of reporting such misconduct. On May 12, 2022, the same in-service was held and recorded via Microsoft Teams. This purpose of this recording is to incorporate into the facility orientation process for new employees going forward. Permission was granted by the council to allow the facility and External Ethics Consultant to conduct a special Resident Council meeting that was held on May 5, 2022 to discuss and

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F 602	Continued From page 12 12/31/2021 revealed on 10/27/21, there was a Care Cost Payment debit in the amount of $531.82. Record review of a copy of a facility check dated 12/31/21 and made out to the estate of Resident #7 in the amount of $531.82, revealed the facility refunded the resident for the Care Cost payment that was deducted from her trust account on 10/27/21. Resident #4 Record review of Resident #4's "Resident Fund Management Service Statement" with a statement period of 10/1/2021 through 12/31/2021 revealed on 10/27/21, there was a Care Cost Payment debit in the amount of $515.92. Record review of a facility check dated 12/31/21 and made out to Resident #4 in the amount of $515.92, revealed the facility refunded the resident for the Care Cost payment that was deducted from his trust account on 10/27/21. Record review of the "Resident Statement Landscape" for Resident #4 revealed on 7/28/21, a Care Cost payment was debited in the amount of $1929.50, instead of the usual amount of $1115.00. This was a difference of $814.50. Record review of the "Cash Receipts Report" with a posting date of 7/8/21 revealed a receipt amount of $1115.00 with "Name ID" of Resident #4 was posted with an "Effective Date" of 7/8/21 and the "Payer/Comment" listed as "Resident Liability". Directly above that transaction was a receipt amount for $814.50 with "Name ID" of	F 602	provide written information regarding abuse, misappropriation of resident property and the facility's duty to report and safeguard. On May 6, 2022 and May 7, 2022, Family Council meetings were held to discuss and educate on misappropriation of resident property, abuse and reporting such misconduct. On May 13, 2022, the facility mailed a letter and copy of the presentation materials to all resident representatives to cover the same education provided during the Family Council meetings. The forensic Certified Public Accountant (CPA) conducted an audit to assure that resident funds are managed in accordance with generally accepted accounting principles. The audit concluded on May 12, 2022, with only one additional finding of misappropriated monies. Monies were immediately made whole on May 12, 2022, upon discovery. Subsequent report of findings submitted to the licensing agency on May 18, 2022. 4. Beginning the week of April 4, 2022, the Administrator and/or DON will meet with the BOM staff weekly and pull Care Cost from Resident Trust Fund to compare to the liability payment receipts weekly for four (4) weeks, then monthly for two (2) months, then quarterly thereafter. A report will be submitted monthly to the Quality Assurance Performance Committee by Administrator for further recommendations beginning April 27, 2022. The Administrator is responsible for on-going monitoring and compliance. Any	

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F 602	Continued From page 13 (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability", which indicated $814.50 was debited from Resident #4's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #4 at the time of the survey. Record review of the "Resident Statement Landscape" for Resident #4 revealed on 8/27/21, a Care Cost payment was debited in the amount of $447.28. This was in addition to the usual monthly Care Cost payment of $1115.00 that was debited on 8/4/21. Record review of the "Cash Receipts Report" with a posting date of 8/30/21 revealed a receipt amount of $447.28 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 8/27/21. This transaction indicated $447.28 was debited from Resident #4's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #4 at the time of the survey. Record review of the "Admission Record" for Resident #4 revealed the facility admitted him on 3/24/20 with diagnoses including Cerebral Infarction, Type two Diabetes Mellitus with Hyperglycemia, Essential Primary Hypertension, and Major Depressive Disorder. Record review of the "Brief Interview For Mental Status (3.0 BIMS)" dated 2/23/22 revealed Resident #4 had a BIMS score of 12, which indicated his cognition is moderately impaired.	F 602	changes deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement committee.	

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Resident #5

Record review of the "Resident Fund Management Service Statement" with a statement period of 10/1/21 through 12/31/21, revealed on 10/27/21 there was a Care Cost Payment debit in the amount of $901.20.

Record review of a facility check dated 12/31/21 and made out to Resident #5 in the amount of $901.20, revealed the facility refunded the resident for the Care Cost payment that was deducted from her trust account on 10/27/21.

Record review of the "Resident Statement Landscape" for Resident #5 revealed on 6/22/21, a Care Cost payment was debited in the amount of $373.51. This was in addition to the usual monthly Care Cost payment of $744.40.

Record review of the "Cash Receipts Report" with a posting date of 6/23/21 revealed a receipt amount of $373.51 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 6/22/21. This transaction indicated $373.51 was debited from Resident #5's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #5 at the time of the survey.

Record review of the "Resident Statement Landscape" for Resident #5 revealed on 7/13/21, a Care Cost payment was debited in the amount of $232.44. This was in addition to the usual monthly Care Cost payment of $744.40.

Record review of the "Cash Receipts Report" with

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a posting date of 7/14/21 revealed a receipt amount of $232.44 with "Name ID" of (Proper Name of Unsampled Resident) with the "Payer/Comment" listed as "Resident Liability" and "Effective Date" of 7/13/21. This transaction indicated $232.44 was debited from Resident #5's trust account and was posted to the facility RFMS in the name of another resident. This amount had not been reimbursed to Resident #5 at the time of the survey.

Record review of Resident #5's "Admission Record" revealed the facility admitted her on 8/5/2016 with diagnoses including Unspecified Dementia without Behavioral Disturbance, Major depressive Disorder, and Essential Primary Hypertension.

Record review of Resident #5 Annual MDS with and ARD of 1/21/22, revealed a BIMS score of 5, which indicated she had severe cognitive impairment.

Record review of the "Job Description" updated 3/17, with the Position Title of "Business Office Manager", revealed, "Job Summary The Business Office Manager (BOM) is responsible to bill facility charges to the appropriate payor, collect outstanding Accounts Receivables, and oversee the resident trust fund in accordance with (Proper name) corporate policy and applicable federal, state, and local regulations".

Record review of the "Personnel Action Form" for the former BOM, revealed her last day worked was 12/01/21 and her termination date was 12/2/21. Reason for Separation is listed as "Falsify Company Records (Involuntary)".

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F 602	Continued From page 16 Record review of "Disciplinary Action Record" dated 12/1/21, revealed "Employee Name" of former BOM, "Recommended Action" was checked as "Suspend", "Date of Occurrence" was listed as 11/24/21, and the "FACTS REGARDING INCIDENT" was "Under investigation of resident funds". Record review of "Disciplinary Action Record" dated 12/3/21, revealed "Employee Name" of former BOM, "Recommended Action" was checked as "Terminate", Date of Occurrence" was listed as 11/24/21, and the "FACTS REGARDING INCIDENT" was "investigation confirmed misappropriation of resident funds".	F 602		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		4/29/22

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conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of

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F 880	Continued From page 18 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews and facility policy review, the facility failed to ensure staff washed or sanitized hands during wound care for two (2) of three (3) wound care observations. Resident #2 and Resident #3. Findings Include: Review of the facility's policy, "Handwashing-Hand Hygiene Policy and Procedures", with a revision date of 10/2020, revealed, "Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation ...7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations ... g. Before handling clean or soiled dressings, gauze pads etc., h. Before moving from a contaminated body site to a clean body site during resident care; ...l. After contact with objects (e. g. medical equipment) in the immediate vicinity of the resident; m. After removing gloves; ...Applying and Removing Gloves ...1. Perform hand hygiene before and after applying non-sterile gloves. Resident #2 On 3/1/22 at 11:12 AM, the State Agency (SA) observed wound care on Resident #2 by	F 880	F880 1. On 03/03/2022, Resident #2 and Resident #3 were assessed by Director of Nursing for any adverse reactions related to the deficient practice. No adverse reactions were found. Residents #2 and #3 were monitored for signs and symptoms of infection by nursing staff for seven days. No infections were evident or identified. Registered Nurse (RN) #1 Treatment Nurse was evaluated, and a clinical performance checklist was completed on 03/04/2022 for the following topics: Handwashing, Treatment Nurse Skills Validation and Non-Sterile Dressing Changes by the Director of Nursing (DON). RN #1 Treatment Nurse received a written disciplinary action on 03/04/2022 by Director of Nursing. for failure to comply with proper infection control policies and procedures. On 03/10/2022 RN #1 Treatment Nurse, Director of Nursing (DON) and Licensed Practical Nurse (LPN) #1 were in-serviced by FNP-C, CSWS - Nurse Practitioner (FNP-C) #1 on infection control, wound care dressing changes and proper wound care protocols. 2.	

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F 880	Continued From page 19 Registered Nurse #1 (RN)/ Wound Care Nurse and assisted by Certified Nursing Assistant (CNA) #1. During the observation, RN #1 donned clean gloves, and touched the resident's privacy curtain and garbage can. She did not sanitize her hands or don clean gloves after contact with the privacy curtain and garbage can. RN #2 applied a second pair of gloves over her existing gloves and removed the soiled dressing from Resident #2's right thigh. She did not sanitize her hands or change her soiled gloves after she removed the soiled dressing and before she cleaned the wound with normal saline. She did not wash or sanitize her hands, remove her soiled gloves and don clean gloves after she cleaned the wound, and before she applied xeroform to the wound. Record review of Resident #2's "Admission Record" revealed the facility admitted her on 7/3/20 and she had a diagnosis of Unspecified Dementia without Behavioral Disturbance. Record review of Resident #2's "Order Summary Report" with active orders as of 3/3/22 revealed a physician's order with an order date of 2/28/22 to "cleanse stage 3 (three) pressure ulcer to Right posterior thigh with normal saline; Apply xeroform, cover with ABD (Abdominal) pads and secure with tape daily and prn, as needed". Record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 2/10/22 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she is cognitively intact. Resident #3 On 3/1/22 at 11:30 AM, the SA observed wound	F 880	21 residents with wounds have the potential to be affected. No adverse reactions were identified. 3. Beginning on 03/07/2022, nursing department CNA staff were educated on Handwashing and infection control techniques by Certified Nursing Assistant #1 (CNA) Educator. Beginning on 03/07/2022, licensed nursing staff were educated on infection control, wound care dressing changes and proper wound care protocols by LPN #2 Staff Development Coordinator (SDC). An Ad Hoc Quality Assurance Meeting was held by the Administrator on 03/04/2022 to discuss findings of complaint survey and deficient practices. On 03/23/2022, in-service education was initiated for staff on CDC (Centers for Disease Control) (Centers for Disease Control) COVID-19 Prevention Messages for Frontline Long-Term Care Staff: Clean Hands – Combat COVID-19 as provided by the State Agency to serve as the Directed Plan of Correction related to Infection Prevention and Control – by CNA #1 Educator and LPN #2 Staff Development Coordinator. Root Cause Analysis (RCA) completed as related to improper handwashing techniques by Director of Nursing and Interim Administrator. Beginning 03/28/2022, hand washing return demonstration skills check-offs completed with nursing staff as related to infection control techniques by LPN #2 Staff Development Coordinator.	

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F 880	Continued From page 20 care to Resident #3's sacrum by RN #1 and assisted by CNA #1. RN #1 donned clean gloves and raised the head of the bed with the bed remote. She did not sanitize her hands or don clean gloves after contact with the bed remote. RN #1 removed and discarded the soiled dressing from Resident #3's sacrum. She removed her soiled gloves and applied a clean pair of gloves; however, she did not wash or sanitize her hands before applying the clean pair of gloves. RN #1 did not change her soiled gloves, wash or sanitize her hands, or don clean gloves after cleaning the wound with normal saline and before applying skin prep to peri wound area, and before applying santyl ointment to the wound bed. Record review of Resident #3's "Admission Record" revealed the facility admitted her on 12/10/20 with diagnoses including Type Two Diabetes Mellitus without complications, Hypertension, and Tachycardia. Record review of Resident #3's "Order Summary Report" with active orders as of 3/3/22 revealed a physician order with an order date of 2/10/22 to "cleanse unstageable pressure ulcer to sacrum with normal saline. Apply skin prep to peri wound. Apply nickel thick santyl ointment to wound bed only. Cover with foam dressing. Change daily and PRN if dislodged..." Record review of the Quarterly MDS with an ARD of 2/1/22 revealed Resident # 3 had a BIMS score of 15, which indicated she is cognitively intact. On 3/1/22 at 11:45 AM, in an interview with RN #1, she confirmed that she should have sanitized	F 880	4. Beginning 03/14/2022, 2 wound care observations were completed by FNP-C, CSWS - Nurse Practitioner (FNP-C) #1. These observations will continue 2 per week for 4 weeks, and 2 per month, thereafter. Results of findings will be presented to the Quality Assurance Committee for continued monitoring and compliance on a quarterly basis beginning 04/27/2022. Beginning 03/28/2022 LPN #2 Staff Development Coordinator will monitor 5 handwashing return demonstrations, as related to infection control techniques, per week for 4 weeks: then 5 per month for 3 months thereafter. Results of findings will be presented to the Quality Assurance Committee for continued monitoring and compliance on a quarterly basis beginning 04/27/2022. The Director of Nursing (DON) will monitor the outcomes of observations and report findings to the Quality Assurance Performance Improvement committee. The Director of Nursing is responsible for on-going monitoring and compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255148	A. BUILDING _____ B. WING _____	C 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 21	F 880		

her hands and applied a clean pair of gloves after touching objects near the residents and throughout the wound care for Resident #2 and Resident #3. She stated her actions could have caused the residents to get an infection.

On 3/2/22 at 10:05 AM, in an interview with the Director of Nursing (DON), she stated that RN #1 told her that wound care did not go well. She stated that RN #1 told her she had forgotten to change her gloves, and wash or sanitize her hands during wound care. She confirmed RN #1's actions could have caused the residents to get an infection by potentially spreading germs to another area of the resident's body.

Record review of the facility's "2/22/22 and 2/24/22 Inservice Topics" revealed RN #1 signed the sign in sheet which indicated she received training on "Infection Control Standards".

Record review of "Non-Sterile Dressing Change Skills Checklist" dated 5/19/21 for RN #1 revealed she received training on dressing changes.