| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 | F 000 | | |

The State Agency (SA) conducted a complaint investigation (CI) survey from 6/20/2022 to 6/24/2022 for CI MS #19203 and CI MS #19248. During the survey, the facility was determined not to be in substantial compliance with the requirements of participation for Medicare and Medicaid. CI MS #19203 and CI MS # 19248 (both related to the same incident) were substantiated and deficiencies were cited.

On 6/10/2022 at approximately 7:52 AM, it was established that Resident #1 left the facility through a window unnoticed and unsupervised. The last documented time the resident was seen by the staff was 12:04 AM, on 6/10/2022. Staff then began to look about the facility for the resident and still could not find the resident. Some of the staff got in their personal vehicles and searched for the resident in the community, until the resident was located in the community approximately 2.6 miles away from the facility at 8:25 AM on 6/10/22.

The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 6/10/2022 when the facility failed to provide supervision to Resident #1 who was a wandering risk and had orders for hourly visual checks and left the facility unnoticed and unsupervised.

The facility's failure to provide supervision for Resident #1 placed this resident and other resident(s) at risk, in a situation that was likely to cause serious harm, injury, impairment, or death.

On 6/22/2022 the SA notified the Administrator of the IJ and Substandard Quality of Care (SQC)

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 07/18/2022 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 | Continued From page 1 | F 000 | | |

and provided the facility with the IJ templates.

The IJ and SQC existed at:

42 CFR 483.12(a)(1)-Freedom from Abuse, Neglect, and Exploitation (F600)- Scope/Severity "J";

42 CFR, 483.12(c)(2)(4) Alleged Violations-Investigate/Prevent/Correct- (F610) - Scope/Severity "J".

42 CFR(s) 483.25(d)(1)(2) Accidents (F689) Scope/Severity "J";

IJ existed at:

42 CFR 483.21 (b)(1) Comprehensive Care Plans (F656)- Scope/Severity "J";

42 CFR 483.70(i)(1) Medical Record (F842) Scope/Severity "J".

The facility submitted an acceptable Removal Plan on 6/23/2022, in which they alleged all corrective actions to remove the IJ were completed on 6/22/2022 and the IJ removed on 6/23/2022.

The SA validated the Removal Plan on 6/24/2022 and determined the IJ was removed on 6/23/2022 prior to exit. Therefore, the scope and severity for 42 CFR 483.12(a)(1)-Freedom from Abuse, Neglect, and Exploitation (F600), 42 CFR, 483.12(c)(2)(4) Alleged Violations-Investigate/Prevent/Correct- (F610), 42 CFR 483.21 (b)(1) Comprehensive Care Plans (F656), 42 CFR(s) 483.25(d)(1)(2) Accidents (F689),and 42 CFR 483.70(i)(1) Medical Record

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 | Continued From page 2<br>(F842) were lowered to a "D", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br><br>The census at the time of survey was 91, and the facility held a license for 120 beds. | F 000 | | |
| F 600 SS=J | Free from Abuse and Neglect<br>CFR(s): 483.12(a)(1)<br><br>§483.12 Freedom from Abuse, Neglect, and Exploitation<br>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.<br><br>§483.12(a) The facility must-<br><br>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, record review, and facility policy review, the facility failed to prevent a resident from leaving the facility unsupervised when facility staff neglected to complete one-hour visual checks as ordered by the physician for one (1) of five (5) residents reviewed, Resident #1.<br><br>The facility neglected to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks | F 600 | Please consider this Plan of Correction as Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of substantial | 8/1/22 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 3<br>every hour. Resident #1 was diagnosed with Anxiety Disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The resident was last seen in the facility at 12:04 AM on 6/10/2022. He was not discovered to be missing until 7:15 AM on 6/10/2022 and was later located by facility staff at 8:25 AM on 6/10/2022.<br><br>The facility's failure to provide supervision to a resident who was a wandering risk and with physician orders for hourly visual checks placed this resident and other residents with wandering behaviors in a situation that has caused or is likely to cause serious harm, injury, impairment, or death.<br><br>The situation was determined to be an Immediate Jeopardy (IJ) that began on 6/10/2022 when Resident #1 left the facility through a window unnoticed and unsupervised until the resident was located in the community approximately 2.6 miles away from the facility. The facility Administrator was notified of the IJ on 6/22/2022 at 2:35 PM. The facility provided an acceptable Removal Plan on 6/23/22, in which the facility alleged all corrective actions were completed to remove the IJ on 6/22/2022, and the IJ removed on 6/23/2022.<br><br>The State Agency (SA) validated the Removal Plan on 6/24/2022, and determined the IJ was removed on 6/23/2022, prior to exit. The scope and severity for F 600 was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains | F 600 | compliance under Federal Medicare & Medicaid requirements.<br><br>The facility will provide all residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined and to include but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraints not required to treat the resident's medical symptoms.<br><br>1. On 6/10/2022 Resident #1 was located and sent to the emergency room at the local hospital for evaluation and no injuries were noted. Resident #1 transferred from local hospital to Geri-psych on 6/14/2022 for inpatient admission. On 6/10/2022, the Maintenance Director secured the window in Resident #1 window to prevent an opening beyond 4 inches. Resident #1 was re-admitted to the facility on 6/23/2022 and the elopement evaluation was updated by Social Service Director that included interventions for placement of a wander guard bracelet, documentation of every hour visual monitoring and a window alarm. No further incidents have occurred.<br><br>2.All residents who are at risk for elopement have the potential to be affected.<br><br>3. On 6/10/2022 the Administrator initiated education and in-service for all staff on | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 4<br>compliance with regulatory requirements.<br><br>Findings include:<br><br>Record review of the facility Policy titled "Abuse Prevention" dated 5/22 revealed, "Policy: The facility is committed to protecting the resident from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing care to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors ,or any other individual ...f) Neglect: A failure of the facility, its employees, or service providers to provide goods and services necessary to avoid physical harm, mental anguish, emotional distress, or pain...PROTECTION: ...3. It is the responsibility of all staff to provide a safe environment for the residents ..."<br><br>Record review of the facility policy titled "Missing Resident/ Elopements" dated May/22 revealed "Policy: The unit charge nurse is responsible for knowing the location of their residents."<br><br>Record review of the facility investigation "Supervisor Investigation Summary Form" revealed ... "Date of Event: 6-10-22, Time of Event: 7:52 AM, How and When was event discovered: On 6-10-22, staff went to resident's room to get him for breakfast and noticed that he was not in the room. Briefly describe event: On 6/10/2022 at approximately 7: 15 AM, staff went into the resident's room to get him for breakfast. Resident was noted to not be in his room. Staff then began to look about the facility for the resident and still could not find the resident. Staff then began to look outside of the facility for the | F 600 | the Elopement Policy that included providing supervision for residents who are at risk for elopement and performing visual checks per physician orders.<br><br>All Residents were evaluated for elopement risks on 6/10/2022 by Social Service Director.<br><br>4.Beginning the week of 6/13/2022 the Social Service Director began elopement drills on each shift weekly times three months to ensure the elopement policy was followed. Any concerns will be immediately addressed.<br><br>Beginning the week of 6/27/2022, the Director of Nurses and/or Unit Managers initiated audits five times per week time three months to ensure that hourly visual checks were performed per physician orders for Residents who are at risk for elopement. Any concerns will be immediately addressed.<br><br>Beginning the week of July 4, 2022 the results of the audit will be reviewed by the Administrator weekly and presented to Quality Assurance committee monthly beginning 7/22/2022. The Quality Assurance Committee will determine the frequency or discontinuation of audits based upon the results achieved.<br><br>Facility indicates the corrective action (s) will be completed August 1, 2022 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 5 | F 600 | | |

resident. Social Service was notified. Dr. Wander was called, and all staff immediately begin looking for the resident. Executive Director was notified. Director of Nursing was notified. At approximately 8:00 AM, staff noticed that the resident's window in (Resident #1's room) was open and that the screen was pushed out. 911 was notified. Staff continued searching for resident outside of the building and began searching in the community. A staff member found the resident approximately 2.6 miles from facility at Veterans Square at 8:25 AM. Resident refused to get in the car with the staff member. Director of Nursing arrived and spoke with resident. The resident was in agreement to go with the Director of Nursing when the police arrived on the scene. The police officer then spoke to the resident and resident agreed to ride with the police officer. Resident keep saying that he needed to get to Alabama. He was outside approximately 2 to 3 hours, according to staff statements. It was approximately 71 degrees he was wearing blue jeans, dark colored pull over shirt with a vest on, tennis shoes and carrying a garbage bag with his belongings. He suffered no injuries ...II. Investigation: (Formal Name of Resident #1) resident of Tupelo Nursing and Rehabilitation admitted on 12/15/20. (Formal Name of Resident #1) had diagnosis of Major depressive disorder, Gout, anxiety disorder, and hyperlipidemia. Resident has not had exit seeking behavior since admission. He does state that he wants to leave go home to Alabama when he is in an anxiety state. (Formal Name of Resident #1) is alert can state date and time, person and place, current events. But he is paranoid and speaks about wanting to leave since admission to facility. He feels his family stole from him and becomes agitated at times with staff and other residents

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 6 | F 600 | | |

thinking someone will harm him, he is redirected easily. (Formal Name of Resident #1) was able to sign himself into facility and can make decisions. He sleeps fully dressed with shoes on. Gets up frequently at night, has history of pacing and wandering halls, sits in lobby frequently, but has never actually attempted to exit. On 6/10/22 he did state he was going to Alabama and his nurse was able to redirect him and he laid down in his bed as usual. (Formal Name of Certified Nursing Assistant (CNA) #4) states she was in the room between 5:00 am and 6:30 am to assist with the other 2 roommates, and he was not in his room, nor did she notice anything at window, employee states she did not go over to the window. (Formal Name of CNA#4) did not feel this was an unusual occurrence due to resident gets up and down frequently every night. Neither staff member felt there was anything unusual with this resident's behavior. (Formal Name of Resident #1) was taken to hospital after he was found at Veterans Square for examination. He was not injured but was sent to (Formal Name of Hospital) for evaluation and possible treatment...After a thorough investigation, Tupelo Nursing and Rehabilitation was able to substantiate that the resident did exit the premises by leaving out of his window ...."

Record review of the Physician Orders for Resident #1 revealed that on 12/15/2020 an order was written for visual checks every hour. The same day an order was written to check Wander Guard placement and function every shift.

An interview with Licensed Practical Nurse (LPN) #1 on 6/20/2022 at 1:45 PM, revealed she worked the 11 PM to 7 AM shift on 6/9/2022 which ended on 6/10/2022. LPN #1 revealed that

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 7 | F 600 | | |

she last laid eyes on Resident #1 around midnight when he walked up to the desk fully dressed, with a hat on wanting to show her something in his room. She went to Resident #1's room where he showed her some pictures that he wanted her to keep for him as he was going to Alabama. She revealed that she talked to him, and he agreed to lay down and go to sleep. She left the room while he was laying on the bed. She revealed that she failed to go back and do follow up checks on Resident #1. LPN #1 revealed that Resident #1 had never tried to leave and that he did have a wander-guard on, he did have orders to be seen every one (1) hour and that she should have laid eyes on him again. She revealed she failed to complete the hourly checks on him. LPN #1 revealed that she had received a reprimand for her inaction and was allowed to continue to work her scheduled shifts.

On 6/22/2022 at 11:30 AM an interview with the Administrator (ADM)/Executive Director revealed that on 6/10/2022 when they first knew of the elopement of Resident #1, she was unaware that the nurse had not seen him since midnight and that at first LPN #1 reported to her that she had seen him between 5 AM and 6 AM but on 6/14/2022 the nurse phoned the ADM admitting that she had not actually laid eyes on Resident #1 since around midnight. The ADM then scheduled a time the morning of 6/15/2022 to meet with LPN #1 for counseling conference and she was reprimanded. The ADM confirmed that LPN #1 was continuing to work her scheduled shifts and that the ADM had not reported LPN #1 to the Board of Nursing at this time.

Record review of the facility electronic record titled Face Sheet for Resident #1 revealed that

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 8 | F 600 | | |

the resident was admitted to the facility on 12/15/2020. Admitting diagnoses included Gout, Major Depressive Disorder recurrent unspecified, Anxiety Disorder, Essential Hypertension, Unspecified Open Angle Glaucoma, and Unspecified Osteoarthritis.

Record review of the elopement Care Plan for Resident #1 revealed, "Problem Onset: 12/16/2020 Problem/Need: Risk for elopement ...Approaches: Check placement and function of wander guard every shift ... Visual Checks every hour ..."

Record review of Resident #1's Section C of the Minimum Data Set (MDS) revealed that on 5/23/2022 the Brief Interview for Mental Status (BIMS) score was 99 due to the resident was unable to complete the interview.

Record review of facility electronic record titled "Departmental Notes" revealed that on 6/10/2022 at 12:04 AM, a nurse's note was written by LPN #1 that revealed " ... Resident awake et (and) alert stated, "I'm Going to Alabama for three days", Redirected per this nurse with success. Resident lying in bed resting at this time. Skin warm and dry. Resp. even/unlabored without SOB (shortness of breath) noted. No adverse reactions noted. 0 (no) acute distress noted, call light within reach"

Electronic record review titled "E Flowsheet" for Resident #1 revealed that it is documented by LPN #1 that his visual checks were completed on every hour from 12:00 AM to 6 AM on 6/10/2022.

Record review of LPN #1's "New Hire Orientation Acknowledgement of Receipt Form" revealed that

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 9 | F 600 | | |

on 10/12/21 that LPN #1 signed the form that stated "I have read and acknowledge receipt of the following facility, policies and procedures or have been provided training in the areas listed. I will comply with guidelines outlined in the policies and training and I understand that failure to do so may result in disciplinary or legal action." ... "Abuse Prevention Policy and Video ..."

Tupelo Nursing and Rehabilitation Center, LLC IJ Removal Plan

The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. Resident #1 was diagnosed with anxiety disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 6/10/22 and was not discovered to be missing until 7:15 AM and was later located by staff at 8:25 AM on 6/10/22.

Immediate Actions:

On 6/10/2022 these actions were initiated and completed.

On 6/10/ 2022 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

On 6/10/2022 8:22 AM, the Mississippi State Department of health notified of missing resident by Executive Director.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 10 | F 600 | | |

On 6/10/2022 8:25 AM, the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by Emergency Medical Teams (EMTs) at 8:40 AM.

On 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

On 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

On 6/10/2022 at 9:00 AM, through 4 :00 PM All residents with risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

On 6/10/22 at 4:00 PM, emergency Quality

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 11 | F 600 | | |

Assurance (QA) meeting held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting were Executive Director, Social Service, Director of Nursing and Medical Director per phone.

On 6/10/22 Social service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then 6/11/22 11-7 shift at 6:36 AM.

On 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

On 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

On 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

On 6/22/2022 at 3:30 PM, LPN # 1 was terminated by Executive Director for falsifying documentation.

On 6/22/2022 at 3:40 PM, Emergency QA called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 12 | F 600 | | |

and plans of corrections.

On 6/22/2022 at 5:00 PM, Executive Director and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.

Facility alleges compliance and removal of immediate jeopardy as of 6/23/2022

State Agency (SA) Validation on 6/24/2022

The State Agency (SA) validated through record review and interview with the Executive Director that on 6/10/2022 at 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

The SA validated through record review and interview with the Executive Director (ADM) that on 6/10/2022 at 8:22 AM, the Mississippi State Department of health notified of missing resident by the Executive Director.

The SA validated through interview with the Director of Nursing (DON) and record review that on 6/10/2022 at 8:25 AM the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 13 | F 600 | | |

body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by the Emergency Medical Teams (EMTs) at 8:40 AM.

The SA validated through interview with the Maintenance Director and record review that on 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

The SA validated through interviews with the ADM and DON, and record review that on 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

The State Agency SA validated through interview with the DON and record review that on 6/10/2022 at 9:00 AM, through 4:00 PM, that all residents with the risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

The SA validated through interview with the ADM, DON, Social Services, and Medical Director and record review that on 6/10/22 at 4:00 PM, an emergency Quality Assurance (QA) meeting was held related to elopement, and

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 14 | F 600 | | |

interventions put in place. No changes in policy and procedures made. Attendees for this meeting was Executive Director, Social Service, Director of Nursing and Medical Director per phone.

The SA validated through interview with the Social Services Director and record review that on 6/10/22 the Social Service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then on 6/11/22 11-7 shift at 6:36 AM.

The SA validated through Interview with the ADM and record review that on 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

The SA validated through interview with the ADM and record review that on 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:30 PM LPN #1 was terminated by Executive Director for falsifying documentation.

The SA validated through interview with the ADM,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 600 | Continued From page 15<br>DON, and Medical Director and record review that on 6/22/2022 at 3:40 PM, an emergency QA was called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.<br><br>The State Agency (SA) validated through interview with the ADM and DON and record review that on 6/22/2022 at 5:00 PM, the Executive Director (ADM) and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.<br><br>The SA validated that all corrective actions to remove the IJ had been completed as of 6/22/2022, and the IJ was removed on 6/23/2022, prior to exit. | F 600 | | |
| F 610 SS=J | Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.<br><br>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the | F 610 | | 8/1/22 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 16<br>investigation is in progress.<br><br>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, and facility policy review, the facility failed to report a nurse to the State Board of Nursing after failing to prevent a resident from leaving the facility unsupervised when facility staff failed to complete one-hour visual checks as ordered by the physician and falsified records for one (1) of five (5) residents reviewed, Resident #1.<br><br>The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 06/10/2022. He was not discovered to be missing until 7:15 AM on 06/10/2022 and was later located by facility staff at 8:25 AM on 06/10/2022. Eight (8) hours and 21 minutes elapsed between the last visualization in the facility and the resident being found.<br><br>The facility's failure to provide supervision to a resident who was a wandering risk and had orders for hourly visual checks caused placed Resident #1 and other residents at risk for | F 610 | 1.Resident #1 was evaluated at the emergency department at the local hospital on 6/10/2022 related to leaving the facility unsupervised due to LPN #1 failure to complete one hour visual checks per physician orders. Resident #1 did not have any injuries.<br><br>On 6/22/2022 Licensed Practical Nurse (LPN) #1 was terminated by the Administrator for failure to provide one hour visual checks for Resident #1 and falsifying the documentation of Resident #1 Electronic Flow Sheet. The Administrator reported LPN #1 to the Board of Nursing on 6/22/2022.<br><br>2.All Residents that require visual checks for elopement risk have the potential to be affected.<br><br>3. On 6/10/2022 the Director of Nursing initiated education and in-service to all nursing staff on making residents rounds and accurate documentation.<br><br>On 6/10/2022 the Administrator initiated education and in-service to all staff on | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 17<br>wandering/elopement, in a situation that has caused or is likely to cause serious harm, injury, impairment, or death.<br><br>The situation was determined to be an Immediate Jeopardy (IJ) that began on 6/10/2022 when Resident #1 left the facility through a window unnoticed and unsupervised until the resident was located in the community approximately 2.6 miles away from the facility. The facility Administrator was notified of the IJ on 6/22/2022 at 2:35 PM. The facility provided an acceptable Removal Plan on 6/23/22, in which the facility alleged all corrective actions were completed to remove the IJ on 6/22/2022, and the IJ removed on 6/23/2022.<br><br>The State Agency(SA) determined the IJ was removed on 6/23/2022, prior to exit, and the scope and severity for F 610 was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br><br>Findings include:<br><br>Record review of the facility Policy titled "Abuse Prevention" dated 5/22 revealed " Policy: The facility is committed to protecting the resident from abuse by anyone including, but not necessarily limited to: Facility staff, other residents, consultants, volunteers, staff from other agencies providing care to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors ,or any other individual ...f) Neglect: A failure of the facility, its employees, or service providers to provide goods and | F 610 | Abuse and Prevention.<br><br>On 6/22/2022 the Administrator and Director of Nursing was in-serviced by Vice-President on investigating and reporting allegations of Abuse and Neglect to regulatory agencies including the boards that govern employees' license.<br><br>On 6/27/2022 the Administrator initiated education and in-service to all staff on Code of Conduct and violation of providing false documentation.<br><br>4. Beginning 6/27/2022 the Administrator will audit all allegations of abuse/neglect five times week time three months to ensure timely reporting to regulatory agencies and governing boards of employees' license if indicated. Any concerns will be immediately addressed. The Administrator will forward the results of the audits to the monthly Quality Assurance Committee beginning July 22, 2022. The Quality Assurance Committee will determine the frequency or discontinuation of audits based upon the results achieved.<br><br>Facility indicates the corrective action (s) will be completed August 1, 2022 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 18 | F 610 | | |

services necessary to avoid physical harm, mental anguish, emotional distress, or pain ... Protection: 1. Any allegation of abuse, neglect, misappropriation or exploitation against any employee must result in his/her immediate suspension to protect the resident. 2. Suspected or substantiated cases of resident abuse, neglect, misappropriation of property, or mistreatment shall be thoroughly investigated, documented, and reported to the physician, families, and/or representative, and as required by state guidelines ..."

Record review of the facility policy titled; "Missing Resident/ Elopements" dated May/22 revealed "Policy: The unit charge nurse is responsible for knowing the location of their residents."

Record review of the facility investigation "Supervisor Investigation Summary Form" revealed ... "Date of Event: 6-10-22, Time of Event: 7:52 AM, How and When was event discovered: On 6-10-22, staff went to resident's room to get him for breakfast and noticed that he was not in the room. Briefly describe event: On 6/10/2022 at approximately 7: 15 AM, staff went into the resident's room to get him for breakfast. Resident was noted to not be in his room. Staff then began to look about the facility for the resident and still could not find the resident. Staff then began to look outside of the facility for the resident. Social Service was notified. Dr. Wander was called, and all staff immediately begin looking for the resident. Executive Director was notified. Director of Nursing was notified. At approximately 8:00 AM, staff noticed that the resident's window in (Resident #1's room) was open and that the screen was pushed out. 911 was notified. Staff continued searching for

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 19 | F 610 | | |

resident outside of the building and began searching in the community. A staff member found the resident approximately 2.6 miles from facility at Veterans Square at 8:25 AM. Resident refused to get in the car with the staff member. Director of Nursing arrived and spoke with resident. The resident was in agreement to go with the Director of Nursing when the police arrived on the scene. The police officer then spoke to the resident and resident agreed to ride with the police officer. Resident keep saying that he needed to get to Alabama. He was outside approximately 2 to 3 hours, according to staff statements. It was approximately 71 degrees he was wearing blue jeans, dark colored pull over shirt with a vest on, tennis shoes and carrying a garbage bag with his belongings. He suffered no injuries ...II. Investigation: (Formal Name of Resident #1) resident of Tupelo Nursing and Rehabilitation admitted on 12/15/20. (Formal Name of Resident #1) had diagnosis of Major depressive disorder, Gout, anxiety disorder, and hyperlipidemia. Resident has not had exit seeking behavior since admission. He does state that he wants to leave go home to Alabama when he is in an anxiety state. (Formal Name of Resident #1) is alert can state date and time, person and place, current events. But he is paranoid and speaks about wanting to leave since admission to facility. He feels his family stole from him and becomes agitated at times with staff and other residents thinking someone will harm him, he is redirected easily. (Formal Name of Resident #1) was able to sign himself into facility and can make decisions. He sleeps fully dressed with shoes on. Gets up frequently at night, has history of pacing and wandering halls, sits in lobby frequently, but has never actually attempted to exit. On 6/10/22 he did state he was going to Alabama and his nurse

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 20 | F 610 | | |

was able to redirect him and he laid down in his bed as usual. (Formal Name of Certified Nursing Assistant (CNA) #4) states she was in the room between 5:00 am and 6:30 am to assist with the other 2 roommates, and he was not in his room, nor did she notice anything at window, employee states she did not go over to the window. (Formal Name of CNA#4) did not feel this was an unusual occurrence due to resident gets up and down frequently every night. Neither staff member felt there was anything unusual with this resident's behavior. (Formal Name of Resident #1) was taken to hospital after he was found at Veterans Square for examination. He was not injured but was sent to (Formal Name of Hospital) for evaluation and possible treatment...After a thorough investigation, Tupelo Nursing and Rehabilitation was able to substantiate that the resident did exit the premises by leaving out of his window ...."

Record review of the Physician Orders for Resident #1 revealed that on 12/15/2020 an order was written for visual checks every hour.

Electronic record review titled "e Flowsheet" for Resident #1 revealed that it is documented by Licensed Practical Nurse (LPN) #1 that his visual checks were completed on every hour from 12:00 AM to 6 AM on 06/10/2022.

During an interview with Licensed Practical Nurse (LPN) #1 on 06/20/2022 at 1:45 PM, revealed that she worked the 11 to 7 shift on 6/9/2022 that ended on 6/10/2022. LPN #1 revealed that she last personally saw Resident #1 around midnight. He walked up to the desk fully dressed, with a hat on wanting to show her something in his room. LPN #1 stated she went to Resident #1's room

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 21 | F 610 | | |

where he showed her some pictures that he wanted her to keep for him as because he was going to Alabama. She revealed that she talked to Resident #1, and he agreed to lay down and go to sleep. She left the room while he was laying on his bed. She stated that she failed to go back and do follow up checks on Resident #1. LPN #1 revealed that Resident #1 had never tried to leave. He did have a wander-guard on. He had orders to be seen every 1 hour and that she should have laid eyes on him again. She revealed she failed to recheck on him and admitted that she had initialed in the electronic record titled "e Flowsheet" as if she had laid eyes on him hourly. LPN #1 revealed that she had received a reprimand for her inaction and was allowed to continue to work her scheduled shifts.

During an interview with the Administrator (ADM)/Executive Director on 06/22/2022 at 11:30 AM, she revealed that on 06/10/2022 when they first knew of the elopement of Resident #1, she was unaware that the nurse had not seen him since midnight and that at first LPN #1 reported to her that she had seen him between 5 AM and 6 AM but on 6/14/2022 the nurse phoned the ADM admitting that she had not actually laid eyes on Resident #1 since around midnight. The ADM then scheduled a time the morning of 6/15/2022 to meet with LPN #1 for a counseling conference and she was reprimanded. The ADM confirmed that LPN #1 was continuing to work her scheduled shifts and that LPN #1 had not been reported to the Board of Nursing at this time.

Record review of the Face Sheet for Resident #1 revealed that the resident was admitted on 12/15/2020. Admitting diagnoses included Gout, Major Depressive Disorder recurrent unspecified,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 22 | F 610 | | |

Anxiety Disorder, Essential Hypertension, Unspecified Open Angle Glaucoma, and Unspecified Osteoarthritis.

Record review of the elopement Care Plan for Resident #1 revealed, "Problem Onset: 12/16/2020 Problem/Need: Risk for elopement ...Approaches: Check placement and function of wander guard every shift ... Visual Checks every hour ..."

Record review of Resident #1's Section C of the Minimum Data Set (MDS) revealed that on 05/23/2022 the Brief Interview for Mental Status (BIMS) score was 99 due to the resident was unable to complete the interview.

Record review "Departmental Notes" revealed that on 06/10/2022 at 12:04 AM, a nurse's note was written by LPN #1 that revealed " ... Resident awake et (and) alert stated, "I'm Going to Alabama for three days", Redirected per this nurse with success. Resident lying in bed resting at this time. Skin warm and dry. Resp. (respirations) even/unlabored without SOB (shortness of breath) noted. No adverse reactions noted. 0 (no) acute distress noted, call light within reach"

Record review of LPN #1's "New Hire Orientation Acknowledgement of Receipt Form" revealed that on 10/12/21 that LPN #1 signed the form that stated "I have read and acknowledge receipt of the following facility, policies and procedures or have been provided training in the areas listed. I will comply with guidelines outlined in the policies and training and I understand that failure to do so may result in disciplinary or legal action." ... ... "Abuse Prevention Policy and Video ... ...."

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 23 | F 610 | | |

Tupelo Nursing and Rehabilitation Center, LLC IJ Removal Plan

The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. Resident #1 was diagnosed with anxiety disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 06/10/22 and was not discovered to be missing until 7:15 AM and was later located by staff at 8:25 AM on 06/10/22.

Immediate Actions:

On 6/10/2022 these actions were initiated and completed.

On 6/10/ 2022 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

On 6/10/2022 8:22 AM, the Mississippi State Department of health notified of missing resident by Executive Director.

On 6/10/2022 8:25 AM, the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 24 | F 610 | | |

on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by Emergency Medical Teams (EMTs) at 8:40 AM.

On 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

On 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

On 6/10/2022 at 9:00 AM, through 4 :00 PM All residents with risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

On 6/10/22 at 4:00 PM, emergency Quality Assurance (QA) meeting held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting were Executive Director, Social Service, Director of Nursing and Medical Director per phone.

On 6/10/22 Social service Director initiated

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 25 | F 610 | | |

Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then 6/11/22 11-7 shift at 6:36 AM.

On 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

On 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

On 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

On 6/22/2022 at 3:30 PM, LPN # 1 was terminated by Executive Director for falsifying documentation.

On 6/22/2022 at 3:40 PM, Emergency QA called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.

On 6/22/2022 at 5:00 PM, Executive Director and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 26 | F 610 | | |

termination, and reporting to licensing agencies.

Facility alleges compliance and removal of immediate jeopardy as of 6/23/2022

State Agency (SA) Validation on 06/24/2022

The SA validated through record review and interview with the Executive Director that on 6/10/2022 at 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

The SA validated through record review and interview with the Executive Director (ADM) that on 6/10/2022 at 8:22 AM, the Mississippi State Department of Health notified of missing resident by the Executive Director.

The SA validated through interview with the Director of Nursing (DON) and record review that on 6/10/2022 at 8:25AM the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by the Emergency Medical Teams (EMTs) at 8:40 AM.

The SA validated through interview with the Maintenance Director and record review that on

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 27 | F 610 | | |

6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

The SA validated through interviews with the ADM and DON, and record review that on 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

The SA validated through interview with the DON and record review that on 6/10/2022 at 9:00 AM, through 4:00 PM, that all residents with the risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

The SA validated through interview with the ADM, DON, Social Services, and Medical Director and record review that on 6/10/22 at 4:00 PM, an emergency Quality Assurance (QA) meeting was held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting was Executive Director, Social Service, Director of Nursing and Medical Director per phone.

The SA validated through interview with the Social Services Director and record review that on 6/10/22 the Social Service Director initiated

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 28 | F 610 | | |

Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then on 6/11/22 11-7 shift at 6:36 AM.

The SA validated through Interview with the ADM and record review that on 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

The SA validated through interview with the ADM and record review that on 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:30 PM LPN #1 was terminated by Executive Director for falsifying documentation.

The SA validated through interview with the ADM, DON, and Medical Director and record review that on 6/22/2022 at 3:40 PM, an emergency QA was called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 610 | Continued From page 29<br>Removal Plans deficiencies and plans of corrections.<br><br>The State Agency (SA) validated through interview with the ADM and DON and record review that on 6/22/2022 at 5:00 PM, the Executive Director (ADM) and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.<br><br>The SA validated that all corrective actions to remove the IJ had been completed as of 6/22/2022, and the IJ was removed on 6/23/2022, prior to exit. | F 610 | | |
| F 656 SS=J | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not | F 656 | | 8/1/22 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 30<br>provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, record review, and facility policy review, the facility failed to prevent a resident from leaving the facility unsupervised when facility staff failed to follow the comprehensive care plan for one-hour visual checks for one (1) of five (5) residents reviewed, Resident #1.<br><br>The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community | F 656 | 1. Resident #1 Comprehensive Care Plan was revised on 6/10/2022 by the Social Service Director to include one- hour visual checks and window securing to prevent greater than four inches of opening. Resident #1 Comprehensive Care Plan was updated to include additional interventions of wander guard placement and window alarm.<br><br>2. All Residents who require one-hour visual checks has the potential to be affected. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 31<br>approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 06/10/2022. He was not discovered to be missing until 7:15 AM on 06/10/2022 and was later located by facility staff at 8:25 AM on 06/10/2022.<br><br>The facility's failure to follow the comprehensive care plan to provide supervision to a resident who was a wandering risk and had orders for hourly visual checks placed Resident #1 and all residents who were at risk for wandering in a situation that has caused or is likely to cause serious harm, injury, impairment, or death.<br><br>The situation was determined to be an Immediate Jeopardy (IJ) that began on 06/10/2022 when Resident #1 left the facility through a window unnoticed and unsupervised until the resident was located in the community approximately 2.6 miles away from the facility. The facility Administrator was notified of the IJ on 06/22/2022 at 2:35 PM. The facility provided an acceptable Removal Plan on 06/23/22, in which the facility alleged all corrective actions were completed to remove the IJ on 06/22/2022, and the IJ removed on 06/23/2022.<br><br>The State Agency (SA) determined the IJ was removed on 06/23/2022, prior to exit, and the scope and severity for F 656 was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br><br>Findings include: | F 656 | 3. The Social Service Director completed a care plan audit of residents who are at risk for elopement on 6/10/2022 and any concerns were immediately addressed.<br><br>On 6/14/2022 the Administrator in-serviced the Minimum Data Set (MDS) Director, Director of Nursing and Social Service Director to ensure that comprehensive care identify problems, strengths, preferences and goals that will identify how the interdisciplinary team will provide care.<br><br>4. Beginning the week of 6/27/2022 the Director of Nurses and/ or Unit Manager will conduct an audit weekly times three months to ensure that Residents who are at risk for elopement care plans reflect hourly visual checks.<br><br>Beginning week of July 4, 2022 the Director of Nurses will forward the results of the audits to the Administrator. The Administrator will forward the results of the audits to the monthly Quality Assurance Committee beginning July 22, 2022.The Quality Assurance Committee will determine the frequency or discontinuation of audits based upon results achieved.<br><br>Facility indicates the corrective action (s) will be completed August 1,2022 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 32 | F 656 | | |

Review of the facility policy titled "SUBJECT: COMPREHENSIVE PERSON CENTERED CARE PLANS", history date 3/18, revealed "POLICY: Each resident shall have a person centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care...PROCEDURE:..6. Staff approaches are to be developed for each problem/strength/need...assigned disciplines will be identified to carry out the intervention..."

Record review of the facility investigation "Supervisor Investigation Summary Form" revealed ... "Date of Event: 6-10-22, Time of Event: 7:52 AM, How and When was event discovered: On 6-10-22, staff went to resident's room to get him for breakfast and noticed that he was not in the room. Briefly describe event: On 6/10/2022 at approximately 7: 15 AM, staff went into the resident's room to get him for breakfast. Resident was noted to not be in his room. Staff then began to look about the facility for the resident and still could not find the resident. Staff then began to look outside of the facility for the resident. Social Service was notified. Dr. Wander was called, and all staff immediately begin looking for the resident. Executive Director was notified. Director of Nursing was notified. At approximately 8:00 AM, staff noticed that the resident's window in (Resident #1's room) was open and that the screen was pushed out. 911 was notified. Staff continued searching for resident outside of the building and began searching in the community. A staff member found the resident approximately 2.6 miles from facility at Veterans Square at 8:25 AM. Resident refused to get in the car with the staff member. Director of Nursing arrived and spoke with

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 33 | F 656 | | |

resident. The resident was in agreement to go with the Director of Nursing when the police arrived on the scene. The police officer then spoke to the resident and resident agreed to ride with the police officer. Resident keep saying that he needed to get to Alabama. He was outside approximately 2 to 3 hours, according to staff statements. It was approximately 71 degrees he was wearing blue jeans, dark colored pull over shirt with a vest on, tennis shoes and carrying a garbage bag with his belongings. He suffered no injuries ...II. Investigation: (Formal Name of Resident #1) resident of Tupelo Nursing and Rehabilitation admitted on 12/15/20. (Formal Name of Resident #1) had diagnosis of Major depressive disorder, Gout, anxiety disorder, and hyperlipidemia. Resident has not had exit seeking behavior since admission. He does state that he wants to leave go home to Alabama when he is in an anxiety state. (Formal Name of Resident #1) is alert can state date and time, person and place, current events. But he is paranoid and speaks about wanting to leave since admission to facility. He feels his family stole from him and becomes agitated at times with staff and other residents thinking someone will harm him, he is redirected easily. (Formal Name of Resident #1) was able to sign himself into facility and can make decisions. He sleeps fully dressed with shoes on. Gets up frequently at night, has history of pacing and wandering halls, sits in lobby frequently, but has never actually attempted to exit. On 6/10/22 he did state he was going to Alabama and his nurse was able to redirect him and he laid down in his bed as usual. (Formal Name of Certified Nursing Assistant (CNA) #4) states she was in the room between 5:00 am and 6:30 am to assist with the other 2 roommates, and he was not in his room, nor did she notice anything at window, employee

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 34 | F 656 | | |

states she did not go over to the window. (Formal Name of CNA#4) did not feel this was an unusual occurrence due to resident gets up and down frequently every night. Neither staff member felt there was anything unusual with this resident's behavior. (Formal Name of Resident #1) was taken to hospital after he was found at Veterans Square for examination. He was not injured but was sent to (Formal Name of Hospital) for evaluation and possible treatment...After a thorough investigation, Tupelo Nursing and Rehabilitation was able to substantiate that the resident did exit the premises by leaving out of his window ...."

Record review of the Care Plan for Resident #1 revealed, "Problem Onset: 12/16/2020 Problem/Need: Risk for elopement ...Approaches: Check placement and function of wander guard every shift ... Visual Checks every hour ..."

Electronic record review titled "e Flowsheet" for Resident #1 revealed that it is documented by LPN #1 that visual checks were completed on every hour from 12:00 AM to 6 AM on 06/10/2022.

Record review of the Physician Orders for Resident #1 revealed that on 12/15/2020 an order was written for visual checks every hour.

At 1:45 PM on 6/20/2022, during an interview with Licensed Practical Nurse (LPN) #1 revealed that she worked the 11 to 7 shift on 6/9/2022 which ended on 6/10/2022. LPN #1 revealed that she last personally laid eyes on Resident #1 around midnight, he walked up to the desk fully dressed, with a hat on wanting to show her something in his room. LPN #1 went to Resident #1's room

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 35 | F 656 | | |

where he showed her some pictures that he wanted her to keep for him as he was going to Alabama. LPN #1 revealed that she talked to him, and he agreed to lay down and go to sleep. She left the room while he was laying on the bed. She revealed that she failed to go back and do follow up checks on Resident #1. LPN #1 revealed that Resident #1 had never tried to leave and that he did have a wander-guard on, he did have orders to be seen every 1 hour and that she should have laid eyes on him again. She revealed she failed to recheck on him and admitted that she had initialed in the electronic record titled "e Flowsheet" as if she had laid eyes on him hourly. LPN #1 revealed that she had received a reprimand for her inaction and was allowed to continue to work her scheduled shifts.

On 6/22/2022 at 11:30 AM, an interview with the Administrator (ADM)/Executive Director revealed that on 6/10/2022 when they first knew of the elopement of Resident #1, she was unaware that the nurse had not seen him since midnight. At first LPN #1 reported to her that she had seen him between 5 AM and 6 AM but on 6/14/2022 the nurse phoned the ADM admitting that she had not actually laid eyes on Resident #1 since around Midnight. The ADM then scheduled a time the morning of 6/15/2022 to meet with LPN #1 for counseling conference and she was reprimanded. The ADM confirmed that LPN #1 was continuing to work her scheduled shifts and that the ADM had not reported LPN #1 to the Board of Nursing at this time.

On 6/22/2022 at 1:00 PM, an interview with the DON confirmed that Resident #1 did have a plan of care related to risk for wandering/elopement and that by LPN #1 not following orders to make

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 36 | F 656 | | |

visual checks on the resident she did not follow the Care Plan.

Record review of Employee Personnel file revealed that on 6/15/2022 LPN #1 received Corrective Counseling from the ADM related to the employee falsified inaccurate information on a resident's e-Tar (electronic Treatment Administration Record) who was not in the facility.

Record review of the Face Sheet for Resident #1 revealed that the resident was admitted on 12/15/2020. Admitting diagnoses included Gout, Major depressive disorder recurrent unspecified, Anxiety Disorder, Essential Hypertension, Unspecified Open Angle Glaucoma, and Unspecified Osteoarthritis.

Record review of Resident #1's Section C of the Minimum Data Set (MDS) revealed that on 05/23/2022 the Brief Interview for Mental Status (BIMS) score was 99 due to the resident was unable to complete the interview.

Tupelo Nursing and Rehabilitation Center, LLC IJ Removal Plan

The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. Resident #1 was diagnosed with anxiety disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 06/10/22 and was not discovered to be missing until 7:15 AM and was later located by staff at 8:25 AM on

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 37 | F 656 | | |

06/10/22.

Immediate Actions:

On 6/10/2022 these actions were initiated and completed.

On 6/10/ 2022 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

On 6/10/2022 8:22 AM, the Mississippi State Department of health notified of missing resident by Executive Director.

On 6/10/2022 8:25 AM, the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by Emergency Medical Teams (EMTs) at 8:40 AM.

On 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

On 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 38 | F 656 | | |

one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

On 6/10/2022 at 9:00 AM, through 4 :00 PM All residents with risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

On 6/10/22 at 4:00 PM, emergency Quality Assurance (QA) meeting held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting were Executive Director, Social Service, Director of Nursing and Medical Director per phone.

On 6/10/22 Social service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then 6/11/22 11-7 shift at 6:36 AM.

On 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

On 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

On 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 39 | F 656 | | |

Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

On 6/22/2022 at 3:30 PM, LPN # 1 was terminated by Executive Director for falsifying documentation.

On 6/22/2022 at 3:40 PM, Emergency QA called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.

On 6/22/2022 at 5:00 PM, Executive Director and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.

Facility alleges compliance and removal of immediate jeopardy as of 6/23/2022

State Agency (SA) Validation on 06/24/2022

The SA validated through record review and interview with the Executive Director that on 6/10/ 2022 at 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

The SA validated through record review and

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 40 | F 656 | | |

interview with the Executive Director (ADM) that on 6/10/2022 at 8:22 AM, the Mississippi State Department of health notified of missing resident by the Executive Director.

The SA validated through interview with the Director of Nursing (DON) and record review that on 6/10/2022 at 8:25AM the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by the Emergency Medical Teams (EMTs) at 8:40 AM.

The SA validated through interview with the Maintenance Director and record review that on 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

The SA validated through interviews with the ADM and DON, and record review that on 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 41 | F 656 | | |

The State Agency SA validated through interview with the DON and record review that on 6/10/2022 at 9:00 AM, through 4 :00 PM, that all residents with the risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

The SA validated through interview with the ADM, DON, Social Services, and Medical Director and record review that on 6/10/22 at 4:00 PM, an emergency Quality Assurance (QA) meeting was held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting was Executive Director, Social Service, Director of Nursing and Medical Director per phone.

The SA validated through interview with the Social Services Director and record review that on 6/10/22 the Social Service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then on 6/11/22 11-7 shift at 6:36 AM.

The SA validated through Interview with the ADM and record review that on 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

The SA validated through interview with the ADM and record review that on 6/15/22 at 6:40 AM, Disciplinary action for falsifying

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 42 | F 656 | | |

documentation was given to LPN #1 by Executive Director.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:30 PM LPN #1 was terminated by Executive Director for falsifying documentation.

The SA validated through interview with the ADM, DON, and Medical Director and record review that on 6/22/2022 at 3:40 PM, an emergency QA was called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.

The State Agency (SA) validated through interview with the ADM and DON and record review that on 6/22/2022 at 5:00 PM, the Executive Director (ADM) and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.

The SA validated that all corrective actions to

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 656 | Continued From page 43<br>remove the IJ had been completed as of 6/22/2022, and the IJ was removed on 6/23/2022, prior to exit. | F 656 | | |
| F 689 SS=J | Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br>The facility must ensure that -<br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, and facility policy review, the facility failed to provide supervision to prevent a resident from leaving the facility unsupervised for one (1) of five (5) residents reviewed, Resident #1.<br><br>The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. Resident #1 was diagnosed with Anxiety Disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 6/10/2022. He was not discovered to be missing until 7:15 AM on 6/10/2022 and was later located by facility staff at 8:25 AM on 6/10/2022. Eight (8) hours and 21 minutes elapsed between the last visualization in the facility and the resident being found. | F 689 | On 6/10/2022 Resident #1 was located and sent to the emergency department at the local hospital for evaluation and no injuries were noted. On 6/14/2022 Resident #1 was transferred from the hospital to Geri-psych for inpatient admission.<br><br>On 6/10/2022 the Maintenance Director secured the window in Resident #1 window to prevent an opening beyond four inches.<br><br>On 6/23/2022 Resident #1 readmitted to the facility, and the elopement evaluation was updated by Social Service Director that included interventions for placement of a wander guard bracelet, documentation of every hour visual monitoring and a window alarm. No further incidents have occurred. | 8/1/22 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 44<br><br>The facility's failure to provide supervision to a resident who was a wandering risk and had orders for hourly visual checks caused Resident #1 and other residents at risk for elopement to be in a situation likely to cause serious harm, injury, impairment, or death.<br><br>The situation was determined to be an Immediate Jeopardy (IJ) that began on 6/10/2022 when Resident #1 left the facility through a window unnoticed and unsupervised until the resident was located in the community approximately 2.6 miles away from the facility. The facility Administrator was notified of the IJ on 6/22/2022 at 2:35 PM. The facility provided an acceptable Removal Plan on 6/23/22, in which the facility alleged all corrective actions were completed to remove the IJ on 6/22/2022, and the IJ removed on 6/23/2022.<br><br>The State Agency (SA) determined the IJ was removed on 6/23/2022, prior to exit, and the scope and severity for F 689 was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br><br>Findings include:<br><br>Record review of the facility policy titled; "Missing Resident/ Elopements" dated May/22 revealed "Policy: The unit charge nurse is responsible for knowing the location of their residents."<br><br>Record review of the facility investigation "Supervisor Investigation Summary Form" | F 689 | 2.All residents who are at risk for elopement have the potential to be affected.<br><br>3. On 6/10/2022 the Administrator initiated education and in-serviced for all staff regarding Elopement Missing Residents.<br><br>On 6/10/2022 the Maintenance Director placed hardware in all Residents' rooms to prevent opening greater than four inches<br><br>On 6/10/2022 the Director of Nursing initiated education and in-serviced for all nursing staff to ensure one-hour visual checks performed for Residents who are at risk for elopement and any residents who start to verbalize or exhibit wandering/elopement behavior is appropriately supervised.<br><br>4.Beginning the week of 6/13/2022 the Maintenance Director will audit Residents' rooms who are a risk for elopement weekly times three months to ensure the windows are secured. Any concerns will be immediately addressed.<br><br>Beginning the week of 6/13/2022 the Social Service Director began elopement drills on each shift weekly times three months. Any concerns will be immediately addressed.<br><br>Beginning the week of 6/27/2022 the Director of Nursing and/or Unit Manager | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 45<br>revealed ... "Date of Event: 6-10-22, Time of Event: 7:52 AM, How and When was event discovered: On 6-10-22, staff went to resident's room to get him for breakfast and noticed that he was not in the room. Briefly describe event: On 6/10/2022 at approximately 7: 15 AM, staff went into the resident's room to get him for breakfast. Resident was noted to not be in his room. Staff then began to look about the facility for the resident and still could not find the resident. Staff then began to look outside of the facility for the resident. Social Service was notified. Dr. Wander was called, and all staff immediately begin looking for the resident. Executive Director was notified. Director of Nursing was notified. At approximately 8:00 AM, staff noticed that the resident's window in (Resident #1's room) was open and that the screen was pushed out. 911 was notified. Staff continued searching for resident outside of the building and began searching in the community. A staff member found the resident approximately 2.6 miles from facility at Veterans Square at 8:25 AM. Resident refused to get in the car with the staff member. Director of Nursing arrived and spoke with resident. The resident was in agreement to go with the Director of Nursing when the police arrived on the scene. The police officer then spoke to the resident and resident agreed to ride with the police officer. Resident keep saying that he needed to get to Alabama. He was outside approximately 2 to 3 hours, according to staff statements. It was approximately 71 degrees he was wearing blue jeans, dark colored pull over shirt with a vest on, tennis shoes and carrying a garbage bag with his belongings. He suffered no injuries ...II. Investigation: (Formal Name of Resident #1) resident of Tupelo Nursing and Rehabilitation admitted on 12/15/20. (Formal | F 689 | will audit nurses notes, Electronic Flow Sheets, and 24-hour reports five times week time three months to ensure one hour visual checks are being performed and any residents who exhibit any wandering risk behaviors are properly assessed with appropriate interventions. Any concerns will be immediately addressed.<br><br>Beginning July 4, 2022 the results of the Maintenance Director, Social Services and Director of Nurses audits will be forwarded to the Administrator. The Administrator will forward the results of the audits to the monthly Quality Assurance Committee beginning July 22, 2022. The Quality Assurance committee will determine the frequency or discontinuation of audits based upon the results achieved.<br><br>Facility indicates the corrective action (s) will be completed August 1,2022 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 46 | F 689 | | |

Name of Resident #1) had diagnosis of Major depressive disorder, Gout, anxiety disorder, and hyperlipidemia. Resident has not had exit seeking behavior since admission. He does state that he wants to leave go home to Alabama when he is in an anxiety state. (Formal Name of Resident #1) is alert can state date and time, person and place, current events. But he is paranoid and speaks about wanting to leave since admission to facility. He feels his family stole from him and becomes agitated at times with staff and other residents thinking someone will harm him, he is redirected easily. (Formal Name of Resident #1) was able to sign himself into facility and can make decisions. He sleeps fully dressed with shoes on. Gets up frequently at night, has history of pacing and wandering halls, sits in lobby frequently, but has never actually attempted to exit. On 6/10/22 he did state he was going to Alabama and his nurse was able to redirect him and he laid down in his bed as usual. (Formal Name of Certified Nursing Assistant (CNA) #4) states she was in the room between 5:00 am and 6:30 am to assist with the other 2 roommates, and he was not in his room, nor did she notice anything at window, employee states she did not go over to the window. (Formal Name of CNA#4) did not feel this was an unusual occurrence due to resident gets up and down frequently every night. Neither staff member felt there was anything unusual with this resident's behavior. (Formal Name of Resident #1) was taken to hospital after he was found at Veterans Square for examination. He was not injured but was sent to (Formal Name of Hospital) for evaluation and possible treatment...After a thorough investigation, Tupelo Nursing and Rehabilitation was able to substantiate that the resident did exit the premises by leaving out of his window ...."

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 47 | F 689 | | |

On 6/20/2022 at 5:00 PM, an observation by the SA retraced the possible route that Resident #1 could have taken on 6/10/2022. The nursing facility is located on a highway that is given a street name as it runs through town. Resident #1 may have possibly walked to the intersection of Highway 6 and Eason Boulevard turning right and making his way past the college campus on a busy two-lane road. The quick stop where Resident #1 was reported to be seen by the manager, is located on the left of the road requiring the resident to cross the street at a traffic light to continue his way onto Veterans Memorial Boulevard to the local shopping center where he was located.

Record review of "Hourly Weather Forecast for Tupelo MS" dated 6/10/2022, revealed that at 6:30 AM to 7:00 AM the temperature was 67 degrees Fahrenheit (F), mostly sunny with winds at 1 mile per hour (mph) with humidity at 84% ... at 8:00 AM the temp was 71 degrees and partly cloudy with winds at 2 mph.
On 6/20/22 at 10:30 AM, an interview with the Director of Nurses (DON) revealed that on 6/10/2022 around 7:15 AM, the day shift staff could not locate Resident #1 when they were serving breakfast and immediately started checking the rooms and some checked the lobby, therapy department, and went outside around the building. The DON revealed staff called a "Dr. Wander Code" (code to alert staff a resident cannot be located, possible elopement) at 7:52 AM, on 6/10/2022.

On 6/20/22 at 10:40 AM, an interview with the Administrator (ADM)/Executive Director revealed that she was called by the facility Social Worker

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 48 | F 689 | | |

(SW) at 7:54 AM, on 6/10/22 while she was in route to the facility and reported that the staff could not locate Resident #1 and that they had looked inside and outside the building. The ADM revealed she pulled up to the facility while speaking with the SW and went to Resident #1's room. The ADM immediately noticed that the window was opened, and that the screen was pushed outward a good way. She called 911 at 8:03 AM and some of the staff jumped in their cars to search in the community. One of the CNAs stopped at the nearest gas station and inquired if Resident #1 had been seen. The attendant reported that they had not seen a man walking. She continued to the gas station near Veterans Boulevard and the attendant had seen a man fitting the description and pointed out the direction that the resident had taken. The CNA continued the search and she located Resident #1 at a local shopping center. The CNA was speaking with Resident #1 trying to get him to allow her to take him back when the DON pulled up, but Resident #1 would not get in either car. The police arrived, and Resident #1 agreed to ride in the police truck. The ADM revealed that Resident #1 rode back to the facility with the officer and was sent out by ambulance with Emergency Medical Team (EMT) to the local Emergency Room (ER) for evaluation and he was admitted to the local hospital and later transferred to a Behavioral Health Unit for Geri-Psych. The ADM called the elopement to the state on 6/10/2022 at 8:22 AM. The ADM revealed that the facility does have the police report, in-services were done with staff, windows were adjusted to only open 4 inches, audits for risk of wandering /elopement completed for all residents. The ADM revealed that the Wandering/Risk for Elopement Assessment is completed on admission,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 49 | F 689 | | |

quarterly, hospital return, and as needed for all the residents at the facility and interventions are initiated as score indicates.

On 6/20/2022 at 11:55 AM, an interview with CNA #1 confirmed that on 6/10/2022 while passing out breakfast trays in the dining room she noticed that Resident #1's breakfast tray was still on the cart and that he was not in the dining room. She went to get him but was unable to locate him in his room or the usual areas that he would be. She notified the nurse and immediately began to search for him inside and outside the building and then a few staff went searching the highway. The staff were keeping in contact with each other via cell phone, each searching in a different direction. CNA #1 revealed that she was surprised that Resident #1 went outside as he has never attempted to exit the building to her knowledge. Resident #1 usually walks around offering to help someone or he visits other residents, therapy, or social worker.

On 6/20/2022 at 12:25 PM, an interview with CNA #3 revealed that on 6/10/2022 she was passing breakfast when she noticed Resident #1 was not sitting in his usual place. She went to check on him in his room and bathroom, he was not in his room and the nurse was notified and a further search was initiated. When Resident #1 could not be located in his usual areas a "Dr. Wander" code was called, and a more extensive search began. CNA #3 revealed that she went out one door and another aide went out the front door and they searched all the grounds of the facility including sheds/outbuildings. CNA #3 revealed that they got in cars and began searching the roads stopping at businesses asking had they seen a man by the resident's description. When CNA #3

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 50 | F 689 | | |

got to the gas station/convenience store near Veterans Boulevard the store owner had seen the resident and pointed her to the direction he had gone. CNA #3 revealed she turned on Veterans Boulevard and located Resident #1 at a local shopping center that was across from a restaurant. He was wearing a hunter's orange cap, blue jeans, dark colored pull over shirt with vest on, tennis shoes and was carrying a clear garbage bag with clothes, toothpaste, toothbrush, Pepsi soda, and other of his belongings. CNA #3 revealed she notified the facility that the resident was found and that the DON arrived and then the police arrived. CNA #3 revealed that the resident wanted to ride with the police officer back to the facility.

On 6/20/2022 at 12:40 PM, an interview with CNA #4 revealed that when she made rounds between 5:00 AM to 6:30 AM that she noticed that Resident #1 was not in his bed however the bed was unmade, and she revealed it was his habit to walk in the halls and to visit other residents and making his way to breakfast so she did not think anything of him not being in his room. CNA #4 revealed that she did not notice the window while she was in that room. She checked Resident #1's two roommates, she never noticed Resident #1 and finished her shift leaving the facility.

On 6/20/2022 at 1:45 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed that she worked the 11 to 7 shift on 6/9/2022 which ended on 6/10/2022. LPN #1 revealed that she last personally laid eyes on Resident #1 around midnight, he walked up to the desk fully dressed, with a hat on wanting to show her something in his room. LPN #1 went to Resident #1's room where he showed her some pictures that he

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 51 | F 689 | | |

wanted her to keep for him as he was going to Alabama. LPN #1 revealed that she talked to him, and he agreed to lay down and go to sleep. She left the room while he was laying on the bed. She revealed that she failed to go back and do follow up checks on Resident #1. LPN #1 revealed that Resident #1 had never tried to leave and that he did have a wander-guard on, he did have orders to be seen every 1 hour and that she should have laid eyes on him again. She revealed she failed to recheck on him. LPN #1 revealed that she had received a reprimand for her inaction.

On 6/20/2022 at 2:00 PM, an interview with the DON revealed that she had been notified by cell phone while in route to work on 6/10/2022 that Resident #1 was missing. She had made calls to the 11-7 shift staff while in route to determine when the resident was last seen in the facility. Upon arriving to the facility, the DON revealed that several staff were searching outside the building and that the ADM was with the police who were discussing starting a search in the nearby wooded area. The DON revealed that she got back in her car and started searching the community, she searched the college campus and nearby streets then she turned on Veterans Boulevard and saw the CNA pulled over talking to the resident trying to get him in her car, but he would not get in the car. The DON was coaxing him to get in her car when the police arrived. The policeman spoke with the resident and the resident wanted to ride with the police officer. The DON revealed that the resident rode back to the facility and the EMTs were waiting to transfer him to the local hospital ER for an evaluation and possible admit.

On 6/20/2022 at 3:30 PM, an interview with the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 52 | F 689 | | |

DON revealed that on 6/10/2022 that she retraced the possible route using interviews from business owners along the way to retrace Resident #1's possible route. The DON revealed that the resident was seen at 6:16 AM and again at about 6:33 AM, leaving the convenience store crossing the street to continue on Veterans Blvd. The DON calculated the resident walked approximately 2.6 miles.

On 6/21/2022 at 9:15 AM, an interview with LPN #3 revealed that he was working the 7 AM to 3 PM shift on 6/10/2022 and that when he arrived for his shift, he did not see Resident #1 in the dining room where he usually would be at that time. LPN #3 revealed that he made his rounds to check on all his residents and when he came to Resident #1's room he wasn't in the bed, and he believed Resident #1 to be in the bathroom. LPN #3 revealed that the CNA passing trays for breakfast went to the room to get Resident #1 and discovered that he was not in the room or bathroom, she reported to me, and we started looking for him in all the places he usually visited. LPN #3 revealed the SW had arrived, and she helped as well. The SW called a "Dr. Wander" code and we all started looking even outside.

On 6/21/2022 at 9:26 AM, an interview with the Social Worker (SW) revealed that when she got to work on the morning of 6/10/2022 she was told by a CNA that Resident #1 was missing, she assisted with looking for him at his usual hang outs in the facility and when he wasn't located, she called a Code "Dr. Wanderer", and everyone assisted with locating the resident. One of the staff noticed the window was opened in Resident #1 room with the screen pushed out and that's when 911 was called and the emergency

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 53 | F 689 | | |

responders came, some of the staff got in their cars and searched in the community. The SW revealed that one of the CNA's located Resident #1 a little over 2 miles away in front of a local shopping center.

Record review of the facility electronic record titled Face Sheet for Resident #1 revealed that the resident was admitted on 12/15/2020. Admitting diagnoses included Gout, Major depressive disorder recurrent unspecified, Anxiety Disorder, Essential Hypertension, Unspecified Open Angle Glaucoma, and Unspecified Osteoarthritis.

Record review of the elopement care plan for Resident #1 revealed, "Problem Onset: 12/16/2020 Problem/Need: Risk for elopement ...Approaches: Check placement and function of wander guard every shift ... Visual Checks every hour ..."

Record review of the Risk of Elopement Evaluation form dated 12/15/2020 for Resident #1 revealed that Resident #1 was oriented to person, place, and situation, he had a history of wandering aimlessly, he made statements such as I'm going home, how do I get there and have to catch a bus? His ability is that he ambulates (walks) independently. The evaluation revealed that it was necessary for the resident to be wearing a monitoring bracelet that would alarm when he got too close to the doors. This evaluation was updated and reviewed in March of 2022 by the SW.

Record review of the Physician Orders for Resident #1 revealed that on 12/15/2020 an order was written for visual checks every hour. The

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 54 | F 689 | | |

same day an order was written to check Wander Guard placement and function every shift.

Record review of Resident #1's Section C of the Minimum Data Set (MDS) revealed that on 5/23/2022 the Brief Interview for Mental Status (BIMS) score was 99 due to the resident was unable to complete the BIMS.

Record review of facility electronic record titled "Departmental Notes" revealed that on 6/10/2022 at 12:04 AM, a nurse's note was written by LPN #1 that revealed " ... Resident awake et (and) alert stated, "I'm Going to Alabama for three days", Redirected per this nurse with success. Resident lying in bed resting at this time. Skin warm and dry. Resp. (respirations) even/unlabored without SOB (shortness of breath) noted. No adverse reactions noted. 0 (no) acute distress noted, call light within reach."

Record review of police report titled "Tupelo Police Department Offense/Incident Report" revealed that on 6/10/2022 at approximately 8:03 AM an Officer was dispatched to the facility in regard to a missing person. Upon arrival, he made contact with the administrator of the nursing home. She stated that one of their residents identified as Resident #1 was last seen around 1:00 o'clock this morning or two o'clock this morning. The officer was provided all relevant information on Resident #1 and a photo to identify him. A Detective was notified of the incident. The employees from the nursing rehab located Resident #1 at a business and the Detective Transported Resident #1 back to the facility where Medics were waiting, and Resident #1 left in ambulance in route to the local hospital.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 55 | F 689 | | |

Record review of LPN #1's "New Hire Orientation Acknowledgement of Receipt Form" revealed that on 10/12/21 that LPN #1 signed the form that stated "I have read and acknowledge receipt of the following facility, policies and procedures or have been provided training in the areas listed. I will comply with guidelines outlined in the policies and training and I understand that failure to do so may result in disciplinary or legal action." ... "Abuse Prevention Policy and Video ..."

Electronic record review titled "E flowsheet" for Resident #1 revealed that it is documented by LPN #1 that his visual checks were completed on every hour from 12:00 AM to 6 AM on 6/10/2022.

Tupelo Nursing and Rehabilitation Center, LLC IJ Removal Plan

The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. Resident #1 was diagnosed with anxiety disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 6/10/22 and was not discovered to be missing until 7:15 AM and was later located by staff at 8:25 AM on 6/10/22.

Immediate Actions:

On 6/10/2022 these actions were initiated and completed.

On 6/10/ 2022 8:15 AM, the facility performed a

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 56 | F 689 | | |

100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

On 6/10/2022 8:22 AM, the Mississippi State Department of health notified of missing resident by Executive Director.

On 6/10/2022 8:25 AM, the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by Emergency Medical Teams (EMTs) at 8:40 AM.

On 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

On 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

On 6/10/2022 at 9:00 AM, through 4 :00 PM All residents with risk of elopements were

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 57 | F 689 | | |

reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

On 6/10/22 at 4:00 PM, emergency Quality Assurance (QA) meeting held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting were Executive Director, Social Service, Director of Nursing and Medical Director per phone.

On 6/10/22 Social service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then 6/11/22 11-7 shift at 6:36 AM.

On 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

On 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

On 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

On 6/22/2022 at 3:30 PM, LPN # 1 was terminated by Executive Director for falsifying documentation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 58 | F 689 | | |

On 6/22/2022 at 3:40 PM, Emergency QA called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.

On 6/22/2022 at 5:00 PM, Executive Director and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.

Facility alleges compliance and removal of immediate jeopardy as of 6/23/2022.

State Agency (SA) Validation on 6/24/2022:

The State Agency (SA) validated through record review and interview with the Executive Director that on 6/10/2022 at 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

The SA validated through record review and interview with the Executive Director (ADM) that on 6/10/2022 at 8:22 AM, the Mississippi State Department of health notified of missing resident by the Executive Director.

The SA validated through interview with the Director of Nursing (DON) and record review that on 6/10/2022 at 8:25 AM the Director of Nursing and a Certified Nursing Assistant located resident

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 59 | F 689 | | |

in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by the Emergency Medical Teams (EMTs) at 8:40 AM.

The SA validated through interview with the Maintenance Director and record review that on 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

The SA validated through interviews with the ADM and DON, and record review that on 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

The State Agency SA validated through interview with the DON and record review that on 6/10/2022 at 9:00 AM, through 4 :00 PM, that all residents with the risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 60 | F 689 | | |

interventions in place.

The SA validated through interview with the ADM, DON, Social Services, and Medical Director and record review that on 6/10/22 at 4:00 PM, an emergency Quality Assurance (QA) meeting was held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting was Executive Director, Social Service, Director of Nursing and Medical Director per phone.

The SA validated through interview with the Social Services Director and record review that on 6/10/22 the Social Service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then on 6/11/22 11-7 shift at 6:36 AM.

The SA validated through Interview with the ADM and record review that on 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

The SA validated through interview with the ADM and record review that on 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 689 | Continued From page 61<br><br>The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:30 PM LPN #1 was terminated by Executive Director for falsifying documentation.<br><br>The SA validated through interview with the ADM, DON, and Medical Director and record review that on 6/22/2022 at 3:40 PM, an emergency QA was called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.<br><br>The State Agency (SA) validated through interview with the ADM and DON and record review that on 6/22/2022 at 5:00 PM, the Executive Director (ADM) and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.<br><br>The SA validated that all corrective actions to remove the IJ had been completed as of 6/22/2022, and the IJ was removed on 6/23/2022, prior to exit. | F 689 | | |
| F 842 SS=J | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is | F 842 | | 8/1/22 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 62 | F 842 | | |

resident-identifiable to the public.
(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(i) Medical records.
§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 63<br>record information against loss, destruction, or unauthorized use.<br><br>§483.70(i)(4) Medical records must be retained for-<br>(i) The period of time required by State law; or<br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(i)(5) The medical record must contain-<br>(i) Sufficient information to identify the resident;<br>(ii) A record of the resident's assessments;<br>(iii) The comprehensive plan of care and services provided;<br>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;<br>(v) Physician's, nurse's, and other licensed professional's progress notes; and<br>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review, and facility policy review, the facility failed to ensure the medical record was accurately documented in accordance with accepted professional standards and practices for one (1) of five (5) residents reviewed, Resident #1.<br><br>The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. | F 842 | The Licensed Practical Nurse (LPN) for Resident #1 was terminated on 6/22/2022 for falsifying medical record documentation. Resident #1 Medical records were reviewed by Director of Nurses, and no other inaccuracy was noted in documentation.<br><br>2. All residents residing in the facility has the potential to be affected.<br><br>3. On 6/10/2022 the Director of Nursing initiated education and in-service to all nursing staff on accuracy of | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 64<br>The resident was last seen in the facility at 12:04 AM on 6/10/2022. The medical record was documented that the resident received visual checks every hour on 6/10/2022 from 12:00 AM until 6:00 AM. The facility nurse later admitted on 6/14/2022 that she had falsely documented the visual checks. The resident was not discovered to be missing until 7:15 AM on 6/10/2022 and was later located by facility staff at 8:25 AM on 6/10/2022.<br><br>The facility's failure to provide supervision to a resident who was a wandering risk and had orders for hourly visual checks placed this resident and other residents at risk of elopement a situation that has caused or is likely to cause serious harm, injury, impairment, or death.<br><br>The situation was determined to be an Immediate Jeopardy (IJ) that began on 6/10/2022 when Resident #1 left the facility through a window unnoticed and unsupervised until the resident was located in the community approximately 2.6 miles away from the facility. The facility Administrator was notified of the IJ on 6/22/2022 at 2:35 PM. The facility provided an acceptable Removal Plan on 6/23/22, in which the facility alleged all corrective actions were completed to remove the IJ on 6/22/2022, and the IJ removed on 6/23/2022.<br><br>The State Agency (SA) determined the IJ was removed on 6/23/2022, prior to exit, and the scope and severity for F 842 was lowered to a "D", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. | F 842 | documentation.<br><br>On 6/27/2022 the Administrator initiated education and in-service to all staff on Code of Conduct and violation of providing false documentation.<br><br>4. Beginning the week of 6/27/2022 the Director of Nursing and/or Unit Manager began audits of nurses notes, Electronic Flow Sheets, and 24-hour reports five times week times three months to ensure the accuracy of medical records documentation. The results of the audits will be reviewed by the Administrator beginning July 4, 2022 weekly and presented to the monthly Quality Assurance committee beginning July 22, 2022. The Quality Assurance committee will determine the frequency or discontinuation of audits based upon the results achieved.<br><br>Facility indicates the corrective action (s) will be completed August 1, 2022 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 65 | F 842 | | |

Findings include:

Record review of the facility policy titled "Medical Records" dated 2/17 revealed "Policy: The facility shall have a system that facilitates the retrieval of information regarding individual residents ...Procedure # 2: Shall meet the following requirements: a. Record entries shall be made by the person providing or service or observing the occurrence that is being recorded ..."

Record review of the facility investigation "Supervisor Investigation Summary Form" revealed ... "Date of Event: 6-10-22, Time of Event: 7:52 AM, How and When was event discovered: On 6-10-22, staff went to resident's room to get him for breakfast and noticed that he was not in the room. Briefly describe event: On 6/10/2022 at approximately 7: 15 AM, staff went into the resident's room to get him for breakfast. Resident was noted to not be in his room. Staff then began to look about the facility for the resident and still could not find the resident. Staff then began to look outside of the facility for the resident. Social Service was notified. Dr. Wander was called, and all staff immediately begin looking for the resident. Executive Director was notified. Director of Nursing was notified. At approximately 8:00 AM, staff noticed that the resident's window in (Resident #1's room) was open and that the screen was pushed out. 911 was notified. Staff continued searching for resident outside of the building and began searching in the community. A staff member found the resident approximately 2.6 miles from facility at Veterans Square at 8:25 AM. Resident refused to get in the car with the staff member.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 66 | F 842 | | |

Director of Nursing arrived and spoke with resident. The resident was in agreement to go with the Director of Nursing when the police arrived on the scene. The police officer then spoke to the resident and resident agreed to ride with the police officer. Resident keep saying that he needed to get to Alabama. He was outside approximately 2 to 3 hours, according to staff statements. It was approximately 71 degrees he was wearing blue jeans, dark colored pull over shirt with a vest on, tennis shoes and carrying a garbage bag with his belongings. He suffered no injuries ...II. Investigation: (Formal Name of Resident #1) resident of Tupelo Nursing and Rehabilitation admitted on 12/15/20. (Formal Name of Resident #1) had diagnosis of Major depressive disorder, Gout, anxiety disorder, and hyperlipidemia. Resident has not had exit seeking behavior since admission. He does state that he wants to leave go home to Alabama when he is in an anxiety state. (Formal Name of Resident #1) is alert can state date and time, person and place, current events. But he is paranoid and speaks about wanting to leave since admission to facility. He feels his family stole from him and becomes agitated at times with staff and other residents thinking someone will harm him, he is redirected easily. (Formal Name of Resident #1) was able to sign himself into facility and can make decisions. He sleeps fully dressed with shoes on. Gets up frequently at night, has history of pacing and wandering halls, sits in lobby frequently, but has never actually attempted to exit. On 6/10/22 he did state he was going to Alabama and his nurse was able to redirect him and he laid down in his bed as usual. (Formal Name of Certified Nursing Assistant (CNA) #4) states she was in the room between 5:00 am and 6:30 am to assist with the other 2 roommates, and he was not in his room,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 67 | F 842 | | |

nor did she notice anything at window, employee states she did not go over to the window. (Formal Name of CNA#4) did not feel this was an unusual occurrence due to resident gets up and down frequently every night. Neither staff member felt there was anything unusual with this resident's behavior. (Formal Name of Resident #1) was taken to hospital after he was found at Veterans Square for examination. He was not injured but was sent to (Formal Name of Hospital) for evaluation and possible treatment...After a thorough investigation, Tupelo Nursing and Rehabilitation was able to substantiate that the resident did exit the premises by leaving out of his window ...."

Electronic record review titled "e Flowsheet" for Resident #1 revealed that it is documented by Licensed Practical Nurse (LPN) #1 that her visual checks were completed on every hour from 12:00 AM to 6 AM on 6/10/2022.

Record review of the Physician Orders for Resident #1 revealed that on 12/15/2020 an order was written for visual checks every hour.

On 06/20/2022 at 1:45 PM, an interview with Licensed Practical Nurse (LPN) #1 revealed she admitted that she had initialed in the electronic record titled "e Flowsheet" for Resident #1's visual checks as if she had laid eyes on him hourly. She revealed that she worked the 11 to 7 shift on 6/9/2022 which ended on 6/10/2022. LPN #1 revealed that she last personally laid eyes on Resident #1 around midnight, he walked up to the desk fully dressed, with a hat on wanting to show her something in his room. LPN #1 went to Resident #1's room where he showed her some pictures that he wanted her to keep for him as he

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 68 | F 842 | | |

was going to Alabama. LPN #1 revealed that she talked to him, and he agreed to lay down and go to sleep. She left the room while he was laying on the bed. She revealed that she failed to go back and do follow up visual checks on Resident #1. LPN #1 revealed that Resident #1 had never tried to leave and that he did have a wander-guard on. She stated that he did have orders to be seen every 1 hour and that she should have laid eyes on him again.

On 06/22/2022 at 11:30 AM, an interview with the Administrator (ADM)/Executive Director revealed that on 6/10/2022, when they first knew of the elopement of Resident #1, she was unaware that the nurse had not seen him since midnight and that at first LPN #1 reported to her that she had seen him between 5 AM and 6 AM. On 6/14/2022, the nurse phoned the ADM admitting that she had not actually laid eyes on Resident #1 since around midnight. The ADM then scheduled a time the morning of 6/15/2022 to meet with LPN #1 for counseling conference and she was reprimanded.

Record review of the Employee Personnel file revealed that on 6/15/2022 LPN #1 received an "Employee Corrective Counseling Memorandum...Category One Warning: If a further incident of this nature occurs, your employment will be terminated." from the ADM related to the "Employee falsified inaccurate information on a resident's e-Tar who was not in the facility..."

Record review of the "Job Description" signed by LPN#1 on 10/12/21, revealed, "Job Title: LPN Charge Nurse, Effective Date: 1/01/2017 ...Essential Duties ...7. Updates and maintains

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 69 | F 842 | | |

accurate resident clinical files.."

Tupelo Nursing and Rehabilitation Center, LLC IJ Removal Plan

The facility failed to provide supervision to prevent an elopement for Resident #1, who was a wandering risk and had an order for visual checks every hour. Resident #1 was diagnosed with anxiety disorder and Major Depressive Disorder. The resident left the facility through a window unnoticed and unsupervised until the resident was located in a community approximately 2.6 miles away from the facility. The Resident was last seen in the facility at 12:04 AM on 06/10/22 and was not discovered to be missing until 7:15 AM and was later located by staff at 8:25 AM on 06/10/22.

Immediate Actions:

On 6/10/2022 these actions were initiated and completed.

On 6/10/ 2022 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

On 6/10/2022 8:22 AM, the Mississippi State Department of health notified of missing resident by Executive Director.

On 6/10/2022 8:25 AM, the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 70 | F 842 | | |

audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by Emergency Medical Teams (EMTs) at 8:40 AM.

On 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

On 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

On 6/10/2022 at 9:00 AM, through 4 :00 PM All residents with risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

On 6/10/22 at 4:00 PM, emergency Quality Assurance (QA) meeting held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting were Executive Director, Social Service, Director of Nursing and Medical Director per phone.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 71 | F 842 | | |

On 6/10/22 Social service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then 6/11/22 11-7 shift at 6:36 AM.

On 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

On 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

On 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

On 6/22/2022 at 3:30 PM, LPN # 1 was terminated by Executive Director for falsifying documentation.

On 6/22/2022 at 3:40 PM, Emergency QA called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.

On 6/22/2022 at 5:00 PM, Executive Director and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 72 | F 842 | | |

corrective action up to and including suspension, termination, and reporting to licensing agencies.

Facility alleges compliance and removal of immediate jeopardy as of 6/23/2022

State Agency (SA) Validation on 06/24/2022

The State Agency (SA) validated through record review and interview with the Executive Director that on 6/10/ 2022 at 8:15 AM, the facility performed a 100% head count, to ascertain location of every resident this was completed by charge nurse on each unit.

The SA validated through record review and interview with the Executive Director (ADM) that on 6/10/2022 at 8:22 AM, the Mississippi State Department of health notified of missing resident by the Executive Director.

The SA validated through interview with the Director of Nursing (DON) and record review that on 6/10/2022 at 8:25 AM the Director of Nursing and a Certified Nursing Assistant located resident in community approximately 2.6 miles away per private car. Resident was returned to facility by police car. Resident #1 appeared to have no injuries when returned to the facility. No body audit was completed by staff due to ambulance on site to transfer to local hospital for full evaluation, where resident was found to have no body injuries. Resident #1 was fully supervised by Director of Nursing until transferred to local hospital by the Emergency Medical Teams (EMTs) at 8:40 AM.

The SA validated through interview with the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 73 | F 842 | | |

Maintenance Director and record review that on 6/10/22 at 8:50 AM, the Maintenance Director and assistant placed screws in all windows to prevent opening greater than 4 inches. Facility Staff was in-serviced how to open windows with screwdriver by Maintenance Director, and screwdriver was placed on each med-cart.

The SA validated through interviews with the ADM and DON, and record review that on 6/10/22 at 9:00 AM, an in-service was initiated on elopement protocol to include every one-hour checks on all residents assessed with elopement risk and abuse prevention for all staff by Executive Director and Director of Nursing completed by 6/15/2022 with no staff allowed to work until in-service completed.

The State Agency SA validated through interview with the DON and record review that on 6/10/2022 at 9:00 AM, through 4 :00 PM, that all residents with the risk of elopements were reevaluated, pocket care guides, and care plans were updated by Director of Nursing, Social Service, and unit manager to ensure all residents for risk for elopement had appropriate interventions in place.

The SA validated through interview with the ADM, DON, Social Services, and Medical Director and record review that on 6/10/22 at 4:00 PM, an emergency Quality Assurance (QA) meeting was held related to elopement, and interventions put in place. No changes in policy and procedures made. Attendees for this meeting was Executive Director, Social Service, Director of Nursing and Medical Director per phone.

The SA validated through interview with the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 74 | F 842 | | |

Social Services Director and record review that on 6/10/22 the Social Service Director initiated Elopement Alarm Drill calling a "Dr. Wander" with the 7-3 shift at 7:52 AM, 3-11 shift at 3:24 AM. Then on 6/11/22 11-7 shift at 6:36 AM.

The SA validated through Interview with the ADM and record review that on 6/14/22 at 4:40 PM, Licensed Practical Nurse (LPN#1) called Executive Director and stated she was going to tell the truth, that she did not do visual checks on this resident as documentation indicated on Electronic Flow Sheet.

The SA validated through interview with the ADM and record review that on 6/15/22 at 6:40 AM, Disciplinary action for falsifying documentation was given to LPN #1 by Executive Director.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:09 PM, the Executive Director filed a complaint with The Mississippi Board of Nursing concerning LPN #1 for false documentation on Resident #1 Electronic Flow Record.

The SA validated through interview with the ADM and record review that on 6/22/2022 at 3:30 PM LPN #1 was terminated by Executive Director for falsifying documentation.

The SA validated through interview with the ADM, DON, and Medical Director and record review that on 6/22/2022 at 3:40 PM, an emergency QA was called with the following attendance: Executive Director, Director of Nurses, Social Services, Minimum Data Sets (MDS). Director, Maintenance Director, Medical Director and Vice

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING _____ B. WING _____ | C 06/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUPELO NURSING AND REHABILITATION CENTER | 1901 BRIAR RIDGE ROAD TUPELO, MS 38804 |

| (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 842 | Continued From page 75 | F 842 | | |

President. No policy and procedure changes made, QA reviewed Immediate Jeopardy Removal Plans deficiencies and plans of corrections.

The State Agency (SA) validated through interview with the ADM and DON and record review that on 6/22/2022 at 5:00 PM, the Executive Director (ADM) and Director of Nursing were In-serviced on Abuse and Neglect by Vice President to include instances of employee disregard for the policies and procedures of this facility are cause for corrective action up to and including suspension, termination, and reporting to licensing agencies.

The SA validated that all corrective actions to remove the IJ had been completed as of 6/22/2022, and the IJ was removed on 6/23/2022, prior to exit.