STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A233	A. BUILDING _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST NURSING HOME-CALHOUN, INC	152 BURKE CALHOUN CITY ROAD CALHOUN CITY, MS 38916

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 5/13/19 to 5/16/19. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid participation requirements. The SA cited the regulatory deficiency at F576. The census at the time of the survey was 98, and the facility was licensed for 120 beds.	F 000		
F 576 SS=E	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent	F 576		6/20/19

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

Electronically Signed | 06/18/2019

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F 576	Continued From page 1 with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and facility policy review, the facility failed to ensure mail delivery was available to residents on weekends for nine (9) of 9 residents in attendance at the Resident Council Meeting; and all residents residing in the facility at the time of survey. Findings include: Review of the facility's policy titled, "Mail Distribution", not dated, revealed, Procedures: 1. Deliver the mail addressed to Elder/patients unopened within 24 hours of mail delivery time to the home by postal service. 6. The Life Facilitator Team will be responsible for the delivery of the mail to Elder's at this home and hospital. In an observation and observation, on 5/14/19 at 3:00 PM, a Resident Council meeting was held, with 9 residents in attendance. All residents in attendance at the meeting stated,they do not get mail delivered to them at the facility on Saturday.	F 576	**Corrective actions accomplished for residents found to be affected by the deficient practice of failing to ensure mail delivery on the weekends: Request made to Post Master to have Nursing Home mail delivered to our mailbox on site daily beginning on May 21, 2019. Nursing Home would place a mailbox on site due to all mail currently being delivered to Baptist Hospital. Saturday,May 25, 2019 Activity Department delivered all mail received to residents in facility. ** Identification of other residents having the potential to be affected by the same deficient practice: Ninety-eight residents who presently reside at the facility have the potential to be affected by the deficient practice of failing to ensure weekend mail delivery.	

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	25A233	A. BUILDING _____ B. WING _____	05/16/2019

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BAPTIST NURSING HOME-CALHOUN, INC	152 BURKE CALHOUN CITY ROAD CALHOUN CITY, MS 38916

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F 576	Continued From page 2 On 5/14/19 at 3:50 PM, an interview with the Activity Director (AD), revealed, she stated, "As far as I know, the residents have never gotten mail on Saturday, at least not since I've been working here." On 5/14/19 at 3:55 PM, an interview with the facility's Secretary, revealed, mail is delivered to the hospital daily and brought to the nursing home, but there is no one there to get it on Saturday, so it is not delivered to our facility on Saturday. On 5/15/19, an interview with the Social Worker (SW), revealed, she stated, "As far as I am aware, there is no mail delivered here on Saturday, and yes, they should be able to get their mail every day if they have some."	F 576	**Measures put into place or systemic changes made to ensure the deficient practice will not recur: Mailbox on site for daily mail delivery. On May 20, 2019 Life Facilitator Leader educated staff on Policy #015 titled Mail Distribution. Activity staff made aware of location of facility mailbox and need for obtaining and distributing mail on Saturdays. Activity staff will initial Saturday Mail Delivery calendar sheet weekly on Saturday once mail delivery is complete. **Facility plan to monitor its performance to make sure the solutions are sustained: This corrective action will be monitored by the Quality Assurance Coordinator appointing the Life Facilitator Leader to complete a Quality Assurance (QA) titled "Saturday Mail Delivery" weekly on Monday morning beginning June 3, 2019 x four (4) weeks and monthly thereafter. This QA form has been implemented and the corrective action evaluated for effectiveness. This deficiency, the corrective action and any further problems noted will be presented to the Quality Assurance Committee for review and possible recommendations.	

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	25A233	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/14/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 5/14/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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