STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 10/17/22 through 10/22/22. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500. The facility was licensed for 60 beds, and had a census of 57 at the time of the survey.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		11/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 500	Continued From page 1 medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 500	Continued From page 2	M 500		

facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to provide mail delivery on Saturdays for three (3) of 15 sampled residents and had the potential to affect 57 of 57 residents residing in the facility. Resident #10, Resident #45, and Resident #46	M 500	Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; On November 2,2022, Resident #10, Resident #45, Resident #46, were	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 500	Continued From page 4 Findings Included: Review of the facility's policy "Mail Distribution", with a revision date of May 2021, revealed, "1. Policy It is the policy of (Proper Name of Facility) that Mail Room staff will distribute and process all internal, external, and accountable mail that is delivered to the ...Nursing Home Division (NHD) ...9. USPS (United State Postal Service) delivers all NHD residents incoming mail to the facility mailbox on Saturday to ensure residents receive mail six days a week. Mail will be sorted and disturbed to the residents and or the residents Social Worker ..." Resident #10 Record review of the "Face Sheet" revealed Resident #10 was admitted by the facility on 5/3/22 with diagnoses including Epilepsy and Bipolar Disorder. Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/26/22, revealed Resident #10 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated she was cognitively Intact. On 10/20/22 at 1:00 PM, in an interview with Resident #10, she stated she has never received mail on Saturday. Resident #45 Record review of the "Face Sheet" revealed Resident #45 was admitted by the facility on 2/16/05 with diagnoses including Schizoaffective Disorder and Bipolar Disorder.	M 500	informed by the licensed social worker that they will began receiving their mail on Saturdays from the Activity Department beginning on 11/5/22. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; All residents have the potential to be affected by the deficient practice of failure to ensure resident receive their mail on Saturdays. On November 2, 2022, the licensed Social Worker educated all residents that they will begin receive their mail on Saturdays from the Activity Department beginning on 11/5/22. On November 2, 2022, the licensed social worker mail letters to resident responsible party with R.P White Nursing facility mailing address to ensure that they had the correct mailing address. The activity staff who retrieve the mail will log the mail into a mail tracking book. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and, On November 2,2022 the Licensed Social Worker, Director of Nursing, Activity Director were in serviced by the administrator that residents will receive their mail from the Activity department on Saturdays. On 11/2/22, the Activity Director began in servicing all Activity staff on obtaining, logging and distributing mail to all resident who receive incoming mail from the US Postal service. On 11/5/22, the Activity Staff began retrieving and distributing mail from the facility mailbox to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 500	Continued From page 5 Record review of the Quarterly MDS, with an ARD of 9/16/22, revealed Resident #45 had a BIMS score of 15, which indicated she was cognitively intact. On 10/20/22 at 11:32 AM, in an interview with Resident #45, she stated she does not get mail on Saturdays and that she has never received mailed on Saturdays since she was admitted to the facility. Resident #46 On 10/18/22 at 3:50 PM, Resident #46 stated that he does not receive his mail on the weekends because social services are not here. He stated that they usually get it on the following Monday when Social Services come back to work. Record review of the "Face Sheet" revealed Resident #46 was admitted by the facility on 9/29/21, with diagnoses including Type 2 Diabetes Mellitus and Unspecified Convulsions. Record review of the Quarterly MDS, with an ARD of 09/20/22, revealed Resident #46 had a BIMS score of 11, which indicated he had moderate cognitive impairment. On 10/20/22 at 1:31 PM, in an interview with the Social Worker (SW), she explained the facility has a Post Office Box. Also, some of the facility's mail will go to the mailroom on the Main Campus and that transportation will bring it over to the facility. She stated the mail is received at the front office and is sorted by the Administrative Assistant, who brings the mail to the SW office to be passed out to the residents. She confirmed that this is done Monday through Friday and the mail that comes in on weekends is not given to	M 500	each resident. To ensure that the resident receive all incoming mail on Saturdays, on 11/2/22, the Activity staff who retrieve the mail will log the mail into a mail tracking book. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. On 11/7/22, the Activity Director began monitoring the facility mail box and the Mail Log to ensure that activity workers retrieve and distributed residents their incoming mail. Activity Director will report the finding to the Quality Assurance Committee weekly x 4 weeks, then monthly Xs 3 months. These reports will continue until 100% compliance is met for 3 consecutive months. The findings will be reported in the November 2022 monthly Quality Assurance Meeting and in each monthly QA meeting thereafter.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38EM	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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) COMPLETE DATE
M 500	Continued From page 6 the residents until Monday. On 10/20/2022 at 3:35 PM, in an interview with the Administrator, he stated the mail should be issued on Saturdays because receiving mail makes the residents happy and it is good for their psychosocial health. He commented that the facility will work to ensure that residents can get their mail on Saturdays.	M 500		