STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A123	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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 10/17/22 through 10/20/22. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F576, F567, and F641. The facility was licensed for 60 beds, and had a census of 57 at the time of the survey.	F 000		
F 567 SS=D	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must	F 567		11/28/22

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

Electronically Signed | 11/08/2022

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F 567	Continued From page 1 maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure residents had readily available and reasonable access to their personal funds, seven (7) days a week, for four (4) of 15 residents sampled. Resident #8, Resident #10, Resident #34, and Resident #45 Findings Included: A review of the facility's "Money Policy for Individuals Receiving Services/Residents", revised March 2020, revealed," ... F. Money Call is the time established by the Division Director or Fiscal Services Director, during which, an IRS (Individual Receiving Service)/resident is distributed money from his/her RFMS (Resident Fund Management Service) account, held by their designated money custodian ...G. Money day is one of the scheduled days when Patient Accounts issues cash and checks from the (Proper Name of Facility) Resident Trustee Account to the money custodians ...".	F 567	"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 #34, and Resident #45 were informed by the licensed social worker that they may request money from their account at any time and if funds are available, it will be provided as requested. On November 8,2022 Resident #8 was informed by the licensed social worker that he may request money from his account at anytime and if funds are available, it will be provided as requested. 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 residents have access to	

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F 567	Continued From page 2 Resident #8 On 10/17/22 at 12:53 PM, during an interview with Resident #8, he stated that they can only get their personal money on Tuesdays because the person who deals with the money is not there on the weekends. A record review of the "Face Sheet" of Resident #8 revealed he was admitted on 6/25/21, with diagnoses including End State Renal Disease and Essential Hypertension. Record review of the Significant Change in Status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/14/22 revealed Resident #8 had a Brief Interview of Mental Status (BIMS) score of 13, indicating he had no cognitive impairment. Resident #10 On 10/17/22 at 12:19 PM, in an interview with Resident #10, she stated she can only get money on Tuesday. She stated Tuesday is "Money Call Day." She explained that no one is here to give money on weekends. Record review of the "Face Sheet" of Resident #10 revealed the facility admitted her on 5/3/22, with diagnoses including Bipolar Disorder and Epilepsy. Record review of the Quarterly MDS with an ARD of 7/26/22 for Resident #10 revealed she had a BIMS score of 15, which indicated she was cognitively intact.	F 567	personal funds. On November 2,2022, the licensed Social Worker educated all residents cognitively able to comprehend that they may request money from their account 7 days a week and if funds are available in their account, it will be provided. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and, On 11/4/22, Reginald P. White installed a safe on site for the safekeeping of funds to ensure that residents have readily available and reasonable access to their funds 7 days a week. The On Duty Nurse Supervisor or Charge Nurse will have access to all the Resident Funds Management Service Statements and will be responsible for issuing residents their funds upon request on weekends and holidays. On November 2,2022 the Licensed Social Worker, Director of Nursing, and the Money Custodian were in serviced by the administrator that residents may request money from their account 7 days a week and if funds are available in their account, it will be provided. On 11/3/2022, Director of Nursing began training all on duty Nursing Supervisors and charge nurses on their responsibility of issuing money to residents who request personal funds from their account on the weekends and holidays. This process began on 11/4/22.	

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F 567	Continued From page 3 Resident #34 On 10/17/22 at 12:00 PM, during an interview with Resident #34, he stated that they get their money every Tuesday morning. A record review of the "Face Sheet" revealed the facility admitted Resident #34 on 5/08/19 with diagnoses including Essential Hypertension, Schizophrenia, and Type 2 Diabetes Mellitus. A record review of Resident #34's Annual MDS with an ARD of 9/02/22 revealed that the resident has a BIMS of 9, which indicated he had moderate cognitive impairment. Resident #45 On 10/17/22 at 12:11 PM, Resident #45 stated she can only get money out of her account on Tuesday. She stated they call it "Money Call" and it is on Tuesday only. She stated they cannot get money on weekends. Record review of the "Face Sheet" revealed the facility admitted Resident #45 on 2/16/05 with diagnoses including Bipolar Disorder and Schizoaffective Disorder. Record review of the Quarterly MDS with an ARD of 9/16/22 revealed a BIMS score of 15, which indicated Resident #45 was cognitively intact. On 10/17/22 at 3:35 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated that the Money Custodian does a "Money Call" every Tuesday at 9:00 AM.	F 567	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 licensed Social Worker began interviewing Nurse Supervisor or Charge Nurse and any resident who has requested money through the money custodian or Nursing Supervisor or Charge Nurse to ensure that if a resident□s requested money that they received their money. The interview will be conducted weekly on each resident who ask for money and then the Licensed Social Worker will also conduct interviews with residents in each monthly resident council meeting. The weekly interviews will continue until 100% compliance is met for 1 consecutive month. The monthly interviews in resident council meeting will continue until 100% compliance is met for 3 consecutive months. The findings will be report in the November 2022 monthly Quality Assurance meeting and in each monthly QA meeting thereafter.	

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F 567	Continued From page 4	F 567		

On 10/18/22 at 8:50 AM, the SA heard an announcement on the facility's intercom system for "Money Call" in which the residents were to come to the dayroom to receive their money.

On 10/18/22 at 9:03 AM, during an interview with the Money Custodian, she stated that if she knows that residents are going out on the weekend, the Social Worker will send her an email letting her know who wants what amount of money. She stated that she always makes sure that the residents receive it. She stated that the residents are used to coming to receive funds on Tuesdays, so they make it available every Tuesday. She confirmed that she is only at the facility Monday through Friday, so she gives them what they ask for during those days.

On 10/18/22 at 9:13 AM, during an interview with the Director of Nursing (DON), he stated that "Money Call" is a designated day that the residents come get their money. He revealed it could be for an outing, or for some, they just like to have some money on them. He stated that the person that handles the money gives it to them anytime of the week, Monday through Friday.

On 10/18/22 at 09:18 AM, during an interview with the Administrator, he stated that "Money Call" is when the money custodian comes, and the residents come pick up their spending money for trips or when they go out on pass. He stated that the residents can receive their money from her anytime Monday through Friday.

On 10/18/22 at 09:20 AM, during an interview with the Head Administrator, he stated that if the residents request money ahead of time by Friday,

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F 567	Continued From page 5 they will be able to get it for the weekend. A record review of the "Trial Balance" with "Balances as of 10/22/22" revealed Resident #8, Resident #10, Resident #34, and Resident #45 were listed as having a personal fund account with the facility	F 567		
F 576 SS=C	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 with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense.	F 576		11/28/22

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F 576	Continued From page 6 §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 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 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	F 576	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 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.	

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F 576	Continued From page 7 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. 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	F 576	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 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	

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F 576	Continued From page 8 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 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.	F 576	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.	
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility	F 641	Address how corrective action(s) will be	11/28/22

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F 641	Continued From page 9 policy review, the facility failed to accurately code the Admission Minimum Data Set (MDS) related to a resident's reentry into the facility from an acute care hospital for one (1) of 17 residents reviewed for MDS accuracy. Resident #46. Findings Included: A review of the facility's "Minimum Data Set (MDS)" policy, revised August 2022, revealed, " ...2. Purpose: The purpose of this policy is to ...establish the framework for organizing an individual plan of care ..." A record review of the "CMS's (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) Version 3.0 Manual", dated October 2019, revealed, " ...A1800: Entered From ...Item Rational ...Understanding the setting that the individual was in immediately prior to facility ...reentry informs care planning and may also inform discharge planning and discussions ..." A record review of the "Face Sheet" revealed the facility admitted Resident #46 on 9/29/21 with diagnoses including Type 2 Diabetes Mellitus and Unspecified Convulsions. A record review of the facility's document, "Notice of Bed Hold and Readmission", dated 6/13/22, revealed Resident #46 was transferred to a local acute care hospital. A record of the Discharge MDS with an Assessment Reference Date (ARD) of 6/13/22 revealed "A2100" was coded as "3. Acute Hospital" which indicated Resident #46 had been transferred to an acute care hospital.	F 641	accomplished for those residents found to have been affected by the deficient practice. On 11/2/22, the MDS Coordinator corrected the reentry assessment for resident #46 and resubmitted the corrected reentry assessment to CMS on 11/2/22 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 correctly document the correct discharge location of the resident upon reentry to the facility. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and, On 11/2/22, the MDS Coordinator educated all MDS workers to correctly document what facility the resident was discharged from on all reentry assessments. On 11/2/22, the MDS Coordinator reprogramed the LTC system not to prepopulate resident information regarding discharge/reentry status on the reentry assessment. 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	

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REGINALD P WHITE NURSING FACILITY	1451 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

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F 641	Continued From page 10 A record review of the Admissions MDS with an ARD of 6/27/22 revealed the assessment was coded as a "Reentry" from "Another nursing home or swing bed", which was not consistent with the discharge assessment or the "Notice of Bed Hold and Readmission" document which indicated Resident #46 was transferred to an acute hospital on 6/13/22. A record review of the facility's document, "Notice of Bed Hold and Readmission", dated 8/24/22 revealed Resident #46 was transferred to a local acute care hospital. A record review of the Discharge MDS with an ARD of 8/24/22 revealed "A2100" was coded as "3. Acute Hospital" which indicated Resident #46 had been transferred to an acute care hospital. A record review of the Admissions MDS with an ARD date of 8/27/22 revealed the assessment was coded as a "Reentry" from "Another nursing home or swing bed", which was not consistent with the discharge assessment or the "Notice of Bed Hold and Readmission" document which indicated Resident #46 was transferred to an acute hospital on 8/24/22. On 10/20/22 at 1:50 PM, during an interview with Registered Nurse (RN) #1/MDS Nurse, she stated Resident #46 returned to the facility on 6/27/22 and 8/27/22 from an acute care hospital. She confirmed that the Admission Assessments should have been coded for the resident as entering from an acute hospital instead of from another nursing home or swing bed. On 10/20/22 at 2:45 PM, during an interview with	F 641	evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. On 11/2/22, the MDS Coordinator began monitoring all reentry assessments to ensure that LTC did not prepopulate and that MDS workers correctly document what facility the resident was discharged from on all reentry assessments. These audits will be conducted on all reentry assessments weekly Xs 1 month and then monthly Xs 3 months until a 100% compliant rate is met. 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
	25A123	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

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F 641	Continued From page 11 the Administrator, he stated the MDS should have been coded correctly, and it is very important. On 10/20/22 at 2:54 PM, during an interview with the Director of Nursing (DON), he confirmed the MDS should have been coded correctly and that it is important.	F 641		