

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25WC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 49 WILLOW CREEK LANE BYRAM, MS 39272		
(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 Complaint Investigations (CI), MS #19676, MS #19365, and MS #18825 at the facility from 10/25/22 through 10/27/22. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA did not substantiate MS #19365 for Verbal Abuse or MS #18825 for Resident Neglect, but did substantiate MS #19676 for Misappropriation of Property and cited M500. The facility held a license for 88 beds, with a census of 83 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	M 500		11/23/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/18/22

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M 500	Continued From page 1 medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his 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;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the 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	M 500		

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M 500	Continued From page 3 residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail 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 record review, interviews, and facility policy review, the facility failed to ensure a resident was free of misappropriation of personal	M 500	This plan of correction is in response to the statement of deficiencies demonstrates our good faith and desire to	

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M 500	Continued From page 4 funds for one (1) of five (5) residents reviewed for misappropriation of property. Resident #2. Findings include: Record review of the facility's policy, "Abuse Program" with revision date May 23, 2017, revealed, "...It is the policy of this facility to take all steps necessary to maintain an environment free of abuse and neglect. Each resident has the right to be free from ...exploitation, misappropriation of resident property...The facility is committed to protecting the residents from abuse by anyone including ...facility staff ... Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion." Record review of the facility's "ABUSE/MISTREATMENT/NEGLECT/EXPLOITATION OF RESIDENTS POLICY ACKNOWLEDGMENT," signed and dated by Certified Nurse Aide (CNA) #4 on 4/19/22 revealed, "It is the policy of (Facility's Proper Name) to strictly prohibit abuse, mistreatment, neglect, or exploitation of any and all residents ... Any employee who is found guilty, resulting from a full investigation, of any type of abuse ...exploitation of a Resident will be discharged without notice and could face criminal and civil penalties for failure to exercise reasonable care ... could face fines and prison sentences upon a full investigation by the District Attorney and Attorney General ... I understand and accept that this policy will be strictly followed and NO	M 500	continue to improve the quality of care and services rendered to our residents. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. #1 ☐ All employees were in-serviced on 9-29-22 regarding Vulnerable Adults, abuse, neglect, misappropriation, and exploitation by the Assistant Director of Nursing (ADON). The resident was reimbursed \$180, which was deposited into her trust fund account of 10-31-22. #2 - This alleged deficient practice has the potential to affect all residents. #3 - Effective 11-1-22, monthly training on Vulnerable Adults, abuse, neglect, misappropriation, and exploitation will be provided at Resident and Family Council meetings. This training will be provided for at least three months. Residents and families will be strongly encouraged to keep checkbooks in the Business Office safe or a lock box. A lock box will be provided by the facility. Following the training there will be discussion regarding any concerns. Resident and/or family concerns will be reported back to the Administrator. Concerns will be investigated; any suspected abuse, neglect and/or misappropriation will be reported to local law enforcement, Mississippi State Department of Health, Division of Licensure and Certification and Mississippi Attorney General, Medicaid Fraud Control Unit.	

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M 500	Continued From page 5 EXCEPTIONS made." Record review of the facility "REPORTABLE INCIDENT FORM" dated 9/29/22 and signed by the Administrator revealed, "Brief Summary of Incident: On 9-29-22 the Resident's (Resident #4's) son called to speak to (Proper Name). He reported that he had gotten a statement from his mother's checking account and wondered if she knew who (Proper Name-CNA #4) was. The bank statement indicated that three (3) checks had been written to (Proper Name-CNA #4) in the amounts of \$50, \$40 and \$90 ... The facility has obtained copies of the checks. In reviewing the checks, it appears that the Payee Name was printed in a different handwriting than the rest of the check. The checks are made out to (Proper Name-CNA #4) and appear to match (Proper Name-Resident #2's) handwriting on at least two checks (#1544 and 1545). It also appears that the amount and signature line were traced over in darker ink. Copies of the checks are included as supporting documentation for this report ...Conclusion: (Proper Name-CNA #4) has been a CNA for more than 20 years and is knowledgeable about the Vulnerable Adults Act, Resident Rights as well as facility policies related to Abuse/Mistreatment/Neglect/Exploitation of Residents. Exploitation was substantiated regarding cashing check #1544 and 1545. In addition, (Proper Name-CNA #4) stole a third blank check and cashed it. The three (3) checks together total \$180 ..." Record review of the written documentation regarding an interview conducted by the Social Services Director with Resident #2 on 9/29/22, revealed "Resident #2 told the Social Services Director that she wrote checks to CNA #4. According to the statement, Resident #2 stated "I	M 500	Effective 11-7-22, five residents, capable of participating in an interview, will be interviewed monthly, for a period of three months. They will be asked questions such as: * Do you feel safe here at Willow Creek? * How do staff respond to your requests for assistance? * Do you feel you are treated with dignity and respect? * Are you missing any items? The results of those interviews will be provided to the Administrator and Director of Nursing who will review the results, follow up on any concerns or trends. Any suspected abuse, neglect and/or misappropriation will be reported and documented as laid out by Willow Creek/Briar Hill policy. The results of the training provided to Resident and Family Council meetings as well as the resident interview findings will be submitted to the Quality Assurance Performance Improvement (QAPI) Committee. These actions will be monitored by the QAPI committee for three months. #4 - This Plan of Correction was reviewed and approved by the Quality Assurance Performance Improvement (QAPI) Committee in an ad hoc meeting held on 11-4-22. The QAPI Committee will meet on 11-23-22 to review all findings and confirm compliance. Continued compliance will be monitored by QAPI Committee for the next three months.	

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M 500	Continued From page 6 only wrote two checks to her. The first check was for \$50.00 for seafood that she bought for us ...The second check was for a loan for gas money for \$40.00 ...I never wrote her a third check. I only wrote two checks ...the checks were in my purse. She borrowed my money, and I hadn't seen her since... She told me she was scared she would lose her job if I told anyone that I gave her money ..." On 10/26/22, a record review of the Personnel file for CNA #4 and an interview with HR/AP (Human Resources/Accounts Payable) revealed CNA #4 was hired by the facility on 4/19/22, and her employment at the facility was terminated on 9/14/22, with the reason for termination listed as "Absence/Tardiness and sleeping on the job". Further review of the personnel file revealed she had four "Disciplinary Reports" but none for misappropriation of resident property. Record review of the "Face Sheet" for Resident #2 revealed she was admitted by the facility on 9/10/20. The resident's diagnoses include Atherosclerotic Heart Disease, Heart Failure, Anxiety Disorder, and Cognitive Communication Deficit. Record review of the Quarterly Minimum Data Set (MDS), with Assessment Reference Date (ARD) 8/01/22, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. On 10/26/22 at 10:25 AM, an interview with Resident #2, revealed she recalled giving a signed check to CNA #4 to pay for seafood for herself. She explained she recalled giving a second signed check to CNA #4 as a loan. The resident commented that CNA #4 was supposed	M 500		

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M 500	Continued From page 7 to pay that money back but said that she had not received repayment of the forty-dollar loan. She denied giving any other checks to CNA #4. On 10/26/22 at 11:30 AM, during a telephone interview with the Resident Representative (RR) for Resident #2, he stated he received the bank statement for Resident #2 bank account and upon review of the bank statement he said he noted three (3) checks made out to CNA #4. He said he telephoned the facility Director of Nursing (DON) and asked if she recognized the name and was told yes, she had been a CNA at the facility but was no longer employed there. He explained he visited Resident #2 at the facility, and she told him that she had given two checks to CNA #4, the first for seafood, the second as a loan and the third she said she had not given to the CNA. He reported that Resident #2 told him CNA #4 had not paid her back the loan. He stated he felt that CNA #4 accepting money from Resident #2 was "not right". On 10/27/22 at 1:20 PM, in an interview with the Director of Nursing (DON), she confirmed she was first made aware of the incident by a telephone call from the RR of Resident #2 at 7:48 AM on 9/29/22. She said the RR told her that Resident #2's bank statement had arrived in his mail and when he reviewed it, he noted three (3) checks made out to CNA #4. She stated she notified the Administrator immediately following the telephone call with the RR. The DON explained that at the time the incident had been discovered, CNA #4's employment at the facility had already been terminated due to absenteeism. On 10/27/22 at 2:10 PM, an interview with the Administrator revealed she was made aware of the incident on 9/29/22 by the DON. She reported	M 500		

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M 500	Continued From page 8 she spoke with the RR for Resident #2, who provided copies of the checks from the resident's bank statement. She stated that the facility investigation revealed CNA #4 had cashed three (3) checks (one for \$50.00, one for \$40.00 and one for \$90.00) which totaled one hundred eighty dollars (\$180.00) bearing the signature of Resident #2 and written on the resident's bank account. She explained that during an interview with Resident #2, the resident reported that she had "given" the first check for fifty dollars (\$50.00) to CNA #4 for a seafood meal, and the second for forty dollars (\$40.00) as a loan, because CNA #4 told her she needed money.	M 500		