STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255149	A. BUILDING _____ B. WING _____	C 11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PETAL	908 S GEORGE STREET PETAL, MS 39465

(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) completed a complaint investigation, CI MS #19596, at the facility from 11/15/22 through 11/16/22. During the investigation, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. Although there was no deficient practice related to verbal abuse, the SA determined there was deficient practice related to resident rights and cited F557. The facility had a license for 60 beds, with a census of 56.	F 000		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure that a resident was treated with dignity and respect for one (1) of three (3) sampled residents. Resident #1. Findings include: Record review of the facility's policy, "Promoting Maintaining Resident Dignity - Resident Rights", dated 10/2/2022, revealed, "Policy: It is the	F 557	1. On September 9, 2022 residents 1 and 2 were assessed by the Director Of Nursing and were found to have no negative mental or physical effects from the incident. On September 9, 2022 the CNA was dismissed from the facility and terminated. 2. All of the residents in the facility have the potential to be affected. 3. Staff Development conducted facility wide in-services on September 29, 2022,	12/16/22

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

Electronically Signed | 12/05/2022

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F 557	Continued From page 1 practice of this facility to protect and promote resident rights and treat each resident with respect and dignity ...Compliance Guidelines ...10. Speak respectfully to residents ...." Record review of the facility's "Investigation" revealed that on 10/9/22 at approximately 11:30 AM, Certified Nursing Aide (CNA) #1 was assisting with feeding Resident #2, when Resident #1 walked over to the air conditioner and watching CNA #1's interaction with the roommate (Resident #2). CNA #1 asked Resident #2, "You don't want your food?" CNA #1 then attempted to give Resident #2 her container of Ensure and the resident turned her head. CNA #1 then repeated the same question (to Resident #2), "You don't want your food?" Resident #1 then told CNA #1 that she "can't tell her (Resident #2) not to eat, that is why she is not eating". CNA #1 responded to Resident #1, explaining that she was not making a statement, but she was asking a question. CNA #1 asked Resident #1 to go back to her side of the room so she may assist with feeding Resident #2. Resident #1 became agitated and stated that CNA #1 cannot tell her where to go. Resident #1 admitted refusing to leave the area and pointing her finger at CNA #1's face. CNA #1 used profanity directed at the resident (Resident #1) and immediately left the room and went to the Director of Nursing (DON). Resident #1 followed CNA #1. CNA #1 was very agitated when entering the DON's office. CNA #1 stated to the DON that she needs to get the resident away from her, while using more profanity. The DON then told CNA #1 to stay in her office and immediately walked Resident #1 back to her room. Once the resident was interviewed and found to be safe, the DON sent CNA #1 to the Administrator's office where she	F 557	September 30, 2022 and December 1, 2022 to educate all staff and ensure that all staff members have an accurate understanding of the residents' rights according to our handbook/policy. This was focused on each resident's right to respect and dignity. The education also included ways to avoid conflict and resolve confrontation in an appropriate manner. It was communicated to all staff that there will be zero tolerance to any staff member not upholding the standards of our company with regards to the rights of our residents. Education and discussion takes place throughout the year at resident council meetings, led by our Activities Director, ensuring all residents understand their rights. A paper copy of Resident Rights is received by each resident/resident representative upon admission and again annually thereafter. To ensure there are no current risks of violating these rights, interviews were held with several of our residents by social services on 11/29/22. The evaluation consisted of an interviewon 11/29/22 with 50% of our current residents with a BIMS(Brief Interview for Mental Status) score of 12 or higher. The interview questions were as stated: "Do you feel as if Bedford Care Center of Petal employees treat you with dignity and respect?". If the resident were to answer "no" it was followed by a second question: "Please elaborate a little further". The final question was: "Is there anything that	

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F 557	Continued From page 2 explained the situation and was requested to give a written statement. CNA #1 was very upset, crying, and apologizing throughout the statement. After recording her information, CNA #1 was immediately sent home pending investigation. An investigation was started, and the event was reported to the appropriate agencies. After conducting interviews with the DON, CNA #1, and Resident #1, Social Services and the DON conducted a separate interview with Resident #1 to determine if there was a negative psycho-social impact on the resident from the incident. During this process social services stated that Resident #1 found the incident comical, laughing throughout conversation. All the statements collected matched each other with a consistent picture being painted. It was found that this was an isolated scenario of the misconduct of an employee that had no negative impact on the resident. It was determined that the situation did not rise to the level of abuse. However, CNA #1 was terminated from the facility and all staff was educated on zero tolerance of profanity in the workplace. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 4/26/22 with a diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction. Record review of the Quarterly "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of 10/27/22, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she is cognitively intact. On 11/15/22 at 10:40 AM, during an interview with the Administrator, he confirmed that the information as written in the "Investigation" was	F 557	stands out that we can do to improve on this?". After gathering all interviews it was found that there were no violations of respect or dignity with any of the twelve residents. 4. To monitor our facility and ensure this situation is not repeated, we will interview two cognitively intact residents per hall weekly for the next six weeks starting on 11/29/22. Cognitively intact defined as having a Brief Interview for Mental Status score of 12 or higher. This will consist of two cognitively intact residents from 300 hall and two from 100/200 hall. These interviews will ensure our residents are being treated with dignity and respect. The information gathered will be recorded onto a spreadsheet. The results of the monitoring will be taken to Quality Assurance and Quality Assurance and Performance Improvement meetings with all department head on December 16, 2022 and will be followed up monthly for the next three months. There was also a Quality Assurance/Quality Assurance and Performance Improvement meeting held 12/2/22 with all department heads and the Medical Director to better communicate and plan for future prevention of this issue. Consistent and frequent education with staff and residents was agreed to be our resolution.	

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F 557	Continued From page 3	F 557		

obtained through interviews. He explained that the facility determined that CNA #1 admitted to using foul language toward Resident #1. The facility has a policy of no foul language used in the workplace, and CNA #1 was terminated for that behavior. Following the incident, the facility monitored Resident #1 for emotional distress, in which she stated she had none and demonstrated none.

On 11/16/22 at 10:00 AM, during an interview with Resident #1, she stated that she remembered the incident in which CNA #1 used profanity to her, but she had no issues or felt unsafe following the incident.

On 11/16/22 at 11:00 AM, during an interview with the DON, she confirmed that the facility reported the incident to the SA when CNA #1 used foul language to a resident. It was determined that CNA #1 acted against the policy with profanity and was terminated immediately. The DON revealed that the facility's expectation is that the staff are not allowed to speak with profanity toward residents.