

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 a Complaint Investigation (CI), MS #20286 at the facility on 1/03/23. During the survey, the SA determined the facility was in not compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated the complaint for misappropriation of resident property and cited F602. Based on the facility's implementation of corrective actions on 12/21/22, this was determined to be Past Non Compliance.	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy review, the facility failed to prevent the misappropriation of property for one (1) of four (4) residents reviewed for misappropriation of property. Based on implementation of the facility's corrective actions on 12/21/22, this was determined to be Past Non Compliance. Resident #1 Findings include:	F 602	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

Electronically Signed

01/16/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 602	Continued From page 1 Record review of the facility's policy, "Abuse Prevention," with a revision date October 2022, revealed ... "The facility is committed to protecting the residents from abuse ...Misappropriation of Resident Property: The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent ... Exploitation: Taking advantage of a resident for personal gain through the use of manipulations, intimidation, threats or coercion... Mistreatment means inappropriate treatment or exploitation of a resident..." Review of facility's document entitled, "Vulnerable Adults in Mississippi," undated, revealed ... "What is a Vulnerable Adult?... includes all residents or patients, regardless of age, in a care facility ...It shall be unlawful for any person to abuse, neglect or exploit any vulnerable adult ..." Record review of the facility "Supervisor Investigation Summary Form," dated 12/23/22, and signed by the Executive Director (ED) revealed, "On December 21, 2022, the Resident (Resident #1) reported to a Certified Nursing Assistant (CNA) that he gave a CNA his debit card to buy him (Proper Name) Chicken and the CNA spent his money ...On December 21, 2022, during interview with the ED, Director of Nursing (DON), and Social Service Director (LSW), the Resident (Resident #1) stated that on November 25, 2022, he gave (proper name) CNA #1 his debit card to purchase chicken for him from (Proper Name) Restaurant. He stated that she brought him the chicken but that she did not return his debit card and she still had the debit card. The Resident confirmed that he had willfully given the CNA (CNA #1) his debit card but stated that the CNA had spent \$450 from his bank	F 602			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 602	Continued From page 2 account without his permission." Further details within the facility investigation reveal the ED called CNA #1 and requested that she come to the facility to meet the ED and DON to discuss an issue. As the CNA #1 did not come to the facility, the ED called the CNA again and was told that CNA #1 revealed that she did not have a babysitter and would not be able to come to the facility. It was at that time that the ED informed CNA #1 that the DON was in the room and asked the CNA questions about using the Resident #1's debit card to purchase the Resident chicken from (Proper Name) Restaurant. CNA #1 confirmed that she had purchased the chicken, but she had returned the debit card to Resident #1. CNA #1 stated that Resident #1 said she owed him \$450, and she told him that she would pay him back on Friday, even though she didn't spend his money. She further stated that she didn't spend his money but since she was the last one who had his card, she was going to make it right even though it was causing a hardship on her. At this time, the investigation revealed that the ED reviewed the purchases on Resident #1's bank statement that he provided to the ED. CNA #1 verbally confirmed making the purchases but stated that Resident #1 consented to the purchases. The ED asked CNA #1 what the facility's policy said regarding using resident funds, and the CNA replied "we ain't suppose to." Following this statement, the investigation revealed that the ED informed the CNA that she was being terminated for violation of Resident Rights. The facility investigation of the alleged incident also revealed that the ED notified the (Proper Name) Police Department of the allegation on December 21, 2022, at approximately 9:00 AM. When the (Proper Name) Police Officer arrived at the facility at	F 602			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 602	Continued From page 3 approximately 1:40 PM, the ED was present during his interview with the Resident #1. The ED recorded in investigation that the Police Officer informed the Resident that he could not take a police report because the Resident willingly gave the CNA his debit card to purchase food for him. The last portion of the investigation revealed that on December 23, 2022, the ED calculated the total amount of the debit card transactions and submitted a check request to the facility Accounts Payable Department in the amount of \$419.65 to refund the money to Resident #1. Record review of the personnel file for CNA #1 confirmed her employment at the facility was terminated effective 12/21/22, for violation of facility policies. Record review of the Face Sheet for Resident #1 revealed he had been admitted by the facility on 4/01/22, with an admitting diagnosis of Encounter for Orthopedic Aftercare. Resident #1 also had diagnoses including Cervical Disc Disorder with Myelopathy, Diabetes, and Anemia. Record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date 10/11/22, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. On 1/03/23, at 12:40 PM, in an interview with Resident #1, he did not state that he had willingly given CNA #1 his debit card to purchase chicken. Resident #1 explained he knew he had his debit card on Thanksgiving Day (11/24/22) because he had gone to Thanksgiving dinner at the home of his son and used the debit card on the return drive to the facility to put gas in his son's car. He	F 602			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 602	Continued From page 4 revealed during his Thanksgiving visit at his son's home, he had gotten sick and had gone to bed immediately upon return to the facility. He stated he must have left his card on his over-the-bed table. He stated that the following day, CNA #1 visited him in his room and inquired about his Thanksgiving. He stated, "I guess that's when she got it." He said he initially thought he had lost his card and checked with a laundry worker to see if he had left his card in his pants pocket, but she told him she had not seen it. He stated when he called the bank, they told him his card "had been used a lot." Resident #1 confirmed that the bank canceled his debit card and issued him a new one. Resident #1 also revealed that when the Police Officer came to the facility, the officer told him that he would need to go to the police station to make an official report. Resident #1 confirmed that a family member had assisted him with doing so, but said he did not have a copy of the police report. Resident #1 stated he had not seen CNA #1 since he discovered the money missing from his bank account. On 1/03/22 at 2:15 PM, an interview with the facility Social Worker Director revealed he became aware of the alleged abuse when the ED asked him if he was aware of the abuse on the morning of 12/21/22. The Licensed Social Worker/Director (LSW) stated he attended a conference on the morning of 12/21/22 with the ED and Resident #1, during which time, Resident #1 reported that CNA #1 had his debit card and had taken approximately four hundred and fifty dollars (\$450.00) out of his account without his permission. The LSW stated, "No staff is supposed to take any resident's debit or credit card for any reason."	F 602			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 602	Continued From page 5 On 1/03/23 at 3:16 PM, a telephone interview with the Responsible Representative (RR) for Resident #1 revealed he had been notified of the incident of misappropriation but could not recall when. He confirmed that Resident #1 was very independent and took care of his own business. He said he did not have any information to add but confirmed that he had been made aware of the incident. On 1/03/23 at 3:30 PM a telephone interview with CNA #2 revealed she said that between 8:00 AM and 8:30 AM on 12/21/22 Resident #1 had disclosed to her that CNA #1 had taken his debit card and made several transactions, however, she stated she was not sure of the amount spent. CNA #2 explained she immediately reported the allegation to the facility ED and provided a written statement. On 1/03/23 at 5:20 PM an interview with Laundry Aide #1 revealed she reported Resident #1 came to her while she was in the hallway on 11/25/22, asking if she had seen his debit card. She stated that she had told Resident #1 that she had not seen his card but went with the resident to his room to assist him in searching for his card, but they had been unable to locate the card. On 1/03/23 at 5:28 PM an interview with RN #1 revealed she stated that she was familiar with Resident #1 and had never observed him in a state of confusion or disorientation. On 1/03/23 at 6:05 PM during an interview with the ED, she revealed as the facility Abuse Coordinator, she had served as the lead investigator of the incident. She confirmed as soon as she had been notified of the incident on	F 602			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2023
NAME OF PROVIDER OR SUPPLIER MCCOMB NURSING AND REHABILITATION CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 MARION AVE MCCOMB, MS 39648		
(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 602	Continued From page 6 12/21/22, she began the investigation and notified the (Proper Name) Police Department, the Attorney General's Office (AGO) and the State Agency. The ED provided a copy of the reimbursement check in the amount of \$419.65 paid to the order of Resident #1. The SA validated through record review and staff interview the in-service training regarding Abuse, Neglect, Misappropriation and Exploitation Prevention and Reporting was provided on 12/21/22. The SA validated through interview on 1/3/23 with the ED that the Quality Assurance and Assessment (QAA) Committee received the results of the investigation for the allegation on 12/22/22.	F 602			