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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted a Complaint Investigation (CI), MS CI #20343, CI MS #20374, CI MS #20285, CI MS #20319, and CI MS #20488 at the facility from 1/9/23 to 1/21/23. 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 requirements. An extended survey was completed and the SA cited M500 for CI MS #20319 and CI MS #20343 at an Immediate Jeopardy (IJ) level for resident-to-resident abuse. The SA determined the facility was in compliance for CI MS #20374 related to misappropriation of funds. The SA found no evidence of deficient practice for CI MS #20285 and CI MS #20488.<br><br>The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 9/8/22 when the facility failed to protect residents from a resident who had a history of resident-to-resident abuse. This placed Resident #1, Resident #2 and Resident #8 in a situation that caused serious injury, serious harm and serious impairment and placed other residents at risk in a situation that would likely cause serious injury, harm, impairment, or death.<br><br>On 1/17/23 at 1:30 PM, the SA notified the Administrator, Director of Nurses and Regional Vice President of the IJ and SQC.<br><br>The IJ and SQC existed at:<br><br>Rule 45.17.2 (M500)- Resident Rights-Level IV<br><br>The facility submitted an acceptable Removal Plan on 1/19/23, in which the facility alleged all corrective action to remove the IJ were completed on 1/19/23 and IJ removed on 1/19/23. | M 000 | | |

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| M 000 | Continued From page 1<br><br>The SA validated the Removal Plan on 1/21/23, and determined the IJ was removed on 1/19/23, prior to exit. Therefore, the scope and severity for Rule 45.17.2 (M500) Resident Rights Level IV was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br>.<br>The facility is licensed for 111 beds and at the time of the survey the census was 109. | M 000 | | |
| M 500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>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;<br><br>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;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his | M 500 | | 2/19/23 |

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| M 500 | Continued From page 2 | M 500 | | |

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;

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| M 500 | Continued From page 3<br>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;<br><br>7. is free from mental and physical abuse;<br>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;<br>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;<br><br>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;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>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 4<br>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);<br><br>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);<br><br>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);<br><br>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<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Level IV<br><br>Based on observation, record review, interviews, | M 500 | 1. Resident #8 was provided immediate protection by facility staff on 09/08/2022. Facility Charge Nurse #3 provided first-aid | |

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| M 500 | Continued From page 5<br>and facility policy/procedure review the facility failed to protect three (3) of 11 residents from abuse as evidenced by the failure to protect Resident #2 and Resident #8 of physical abuse from Resident #1 after Resident #1 physically attacked Resident #8 on 9/8/22 and Resident #2 on 12/22/22. On 12/26/22, Resident #1 was sent to Geri-psych for treatment and returned on 12/29/22 due to refusal to take his medications and treatment. He requested to go home to his Resident Representative's (RR) home and was discharged. The facility transported him to his RR's home without notifying the RR of the discharge. The RR was out of state and Resident #1 was left at the locked home in a chair on the front porch.<br><br>The facility's failure to protect residents from resident-to-resident abuse and leaving Resident #1 outside of the RR's locked home placed Resident #1, Resident #2 and Resident #8 in a situation that caused serious injury, serious harm and serious impairment and placed other residents at risk in a situation that would likely cause serious injury, harm, impairment, or death.<br><br>The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 9/8/22 when Resident #1 physically attached Resident #8.<br><br>On 1/17/23 at 1:30 PM, the SA notified the Administrator, Director Of Nurses and Regional Vice President of the IJ and SQC and provided the facility with the IJ template for F600. The facility submitted an acceptable Removal Plan on 1/19/23, in which the facility alleged all corrective action to remove the IJ were completed on 1/19/23 and IJ removed on 1/19/23. | M 500 | to resident #8 on 09/08/2022. Resident #8 was transferred to behavior health for evaluation and treatment on 09/08/2022. Resident #2 was provided immediate protection by facility on 12/22/2022. Resident #2 was sent to the hospital for treatment for nasal fracture and facial swelling on 12/22/2022 and returned to facility on 12/22/2022. Resident #1 was discharged on 12/29/2022.<br><br>2. All residents have the potential to be affected by this deficient practice.<br><br>3. On 01/17/2023 an in-service to licensed nurses and Social Services was started by the Staff Development Coordinator and the Director of Nursing on regarding safe and orderly discharge with sufficient instructions related to medications. This in-service was completed on 01/17/2023. No licensed nurses or Social Worker will be allowed to work until in-serviced.<br><br>4. On 01/23/2023 the Director of Nursing started a resident discharge audit on residents who are discharged home to ensure residents are safely discharged with medications and care instructions. This will be completed (5) five times a week for (4) four weeks. On 01/25/2023 the Director of Nursing and the Staff Development Coordinator in-serviced facility staff on resident to resident altercations, abuse and neglect, and how to deal with residents with combative behavior. This in-service was completed on 01/27/2023. Starting on 01/26/2023 the Director of Nursing initiated the | |

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| M 500 | Continued From page 6<br><br>The SA validated the Removal Plan on 1/21/23, and determined the IJ was removed on 1/19/23, prior to exit. Therefore, the scope and severity for CFR 483.12 (a)(1) Abuse (F600) was lowered from a "J" to a "D", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br><br>Findings include:<br><br>Review of the facility's "Abuse Prevention" policy last revised "7/18" revealed, "The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual. The facility Abuse Prevention policy defines "Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse may be resident-to-resident, staff-to-resident, family-to-resident, or visitor-to-resident."<br><br>Record review of the Incident Log dates 7/15/22-1/9/23 revealed that Resident #1 was involved with six (6) resident-to-resident altercations in that time frame.<br><br>Record review of the Incident Log revealed the first incident involving a physical altercation was on 9/8/22 between Resident #1 and Resident #8. The SA investigation revealed that Resident #8 accidentally ran over the foot of Resident #1 with his wheelchair. The altercation ended when | M 500 | resident abuse audit to ensure residents with combative behavior are identified and interventions are placed by facility staff. This audit will be completed (5) five times a week for (4) four weeks. The Director of Nursing will forward the results of all audits to the Executive Director beginning on 01/26/2023. Starting on 01/27/2023 the Executive Director initiated monitoring of resident to resident audit for completeness and accuracy weekly times (4) four weeks then monthly times (1) one month. The Executive Director will forward the results of the audit findings to the Quality Assurance Committee monthly times (2) two months starting on 02/08/2023. The Quality Assurance Committee will review and make recommendations as deemed necessary and the results of audits and monitoring will be maintained in the Executive Director's office. | |

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Resident #1 hit Resident #8 in the face causing a 2 cm laceration above his left eyebrow. Resident #8 received in-house treatment and sent for an evaluation at a Geri-Psych unit. Resident #1 was sent for an evaluation at a Geri-Psych unit.

Record review of the Facility Investigation revealed the physical altercation between Resident #1 and Resident #2 was on 12/22/22. Resident #1 and Resident #2 were roommates at that time. Resident #2 was observed by staff ambulating down the hall from his room towards the nurses station bleeding from his head. He stated that his roommate had hit him. Resident #1 was noted in his wheelchair, sitting near the dayroom. Resident #2 was immediately taken into an empty resident room for a physical evaluation, treatment and to begin questioning regarding the incident. Resident #1 was taken into his room and put one on one with a staff member. The staff member sitting with Resident #1 noted blood on his hand. She began to question him about what happened, and Resident #1 wasn't speaking clear enough to be understood but she did understand that Resident #1 believed that Resident #2 had his television remote. Both residents were sent to the Emergency Room (ER) for evaluation and treatment. Resident #2 was treated for a broken nose, lacerations to his face and a black eye. He returned to the facility on 12/22/22. Resident #1 refused to leave the nursing home to go to the ER for an evaluation on 12/22/22. The Medical Director and his primary physician were notified. He did a now order for Ativan and Haldol injection to calm his agitation. He was then transported by Emergency Medical Technician (EMT)'s to the local hospital for evaluation and treatment. He stayed in the ER until 12/23/22 and was then transferred back to the nursing home. The

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nursing home put Resident #1 one on one with staff. The Social Worker (SW) was attempting to find a Geri-psych unit to accept him for evaluation and treatment if necessary. He stayed one on one through to transport to a Geri-psych unit on 12/26/22.

The Stage Agency (SA) investigation revealed that Resident #1 was returned to the nursing home on 12/29/22 due to Resident #1 refused medications and treatment while in the Geri-psych until and was discharged from the unit on 12/29/22. He returned to the nursing home and refused to be readmitted stating he wanted to go to his Resident Representative's home. The Administrator instructed Resident #1 on discharge Against Medical Advice (AMA). He was not his own RR. The Business Office Manager (BOM) attempted three times to contact the RR by phone with no success. She stated she was unable to leave a voice mail. 2 staff members transported Resident #1 to his RR's home per the facility van. The staff members did not see a person at the home. Both staff members stated that Resident #1 had medications in a bag. There was a Ring doorbell system and a female voice said to facility staff that no one was at home. Facility staff left Resident #1 sitting in a chair on the front porch of the RR's home.

Interview with the Administrator on 1/9/23 at 4:20 PM, revealed that Resident #1 had a physical altercation with Resident #2. Resident #2 had a broken nose and a black Left (L) eye. Resident #1 was sent to the local hospital due to his behaviors. He returned to the facility on 12/23/22 and was one on one with staff until 12/26/22. He was transferred to Geri psych on 12/26/22 and returned to the facility on 12/29/22 due to refusing medications and treatment.

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| M 500 | Continued From page 9<br><br>Record review of the hospital "Patient Discharge Instructions Page 2 of 3" for Resident #2 dated 12/22/22 revealed that his "Discharge Diagnosis" were "Abrasion (Rt (right) brow), Contusion (Rt orbit, Lt (left) orbit, Lt facia, Nasal septum), Fracture (Rt nasal bone)."<br><br>Record review of the "CT (Computerized Tomography) CERVICAL SPINE W/O CONTRAST" dated 12/22/22 of Resident #2 revealed "Impression 2. Focal mild soft tissue swelling/contusion along the superolateral aspect of the right orbit. 3. Mild soft tissue swelling at the anterior nose with a subtle nondisplaced right nasal bone fracture. 4. Diffuse mild to moderate soft tissue swelling at the left upper face/inferior margin of the left orbit likely also representing contusion."<br><br>During an interview with the Administrator on 1/11/23 at 11:44 AM, she revealed that when Resident #1 was sent to the Geri-psych for evaluation and treatment on 12/26/22. The Administrator stated "We sent him with his medications to senior care. He returned with his same medications. I saw the meds with him when he returned here. The facility did not send him home with any medications. That's why there were no meds on the discharge summary."<br><br>On 1/11/23 at 10:40 AM, in an interview with the Facility Transporter revealed that the Maintenance Assistant went with him to transfer Resident #1 to his RR's home in Byram, MS which is located approximately 2 to 2 1/2 hours from the nursing facility on 12/29/22 in the facility van. He stated "We didn't take any paperwork. Resident #1 had a bag of meds with him." He stated after arriving at the RR's home "a female | M 500 | | |

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talked through the Ring camera. She said a name, but I never understood it. No, he didn't go inside. He sat on the porch in front of the camera. The nursing home Administrator gave me the address of where to take him. I did call the facility saying there was no one coming to the door. I told the facility staff that someone was talking to me through the door Ring camera." He was unable to recall who he spoke to at the nursing home when he called to inform the facility that no one was coming to the door.

On 1/11/23 at 10:55 AM, during an interview with the Maintenance Assistant on revealed he was with the Facility Transporter transferring Resident #1 to his RR's home. He stated "the Facility Transporter was talking to someone through the Ring doorbell. Yes, there was a zip-lock bag with medications. They were his meds from the nursing home. Yes, I saw pills. The person speaking on the Ring camera said his sister was not there." He stated that Resident #1 was wearing a shirt, pants, shoes, socks, jacket, and hat. He stated that Resident #1 "was sitting in a chair on the front porch in front of the door when we left. His belongings were beside him."

Observation and interview on 1/11/23 at 3:15 PM with Resident #8 revealed speech very difficult to understand. When the SA asked Resident #8 if he feared anyone in the facility, Resident #8 pointed to his left eye area and said he was scared of the man that scratched his face.

Observation and interview on 1/11/23 at 3:30 PM with Resident #2 revealed he is "leery" of some residents. When the SA questioned Resident #2 further, he stated he "is only scared of Resident #1".

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| M 500 | Continued From page 11<br><br>During an interview with the Resident #1's RR on 1/12/23 at 8:31 AM, revealed that she was not home when the nursing home van dropped Resident #1 off at her house. She stated she was out of state at the time. She stated, "I had to call 911 and the police and ambulance had to come. There was no one home when they left him. The house was locked. I had not been contacted by the nursing home prior to him coming home." She did state that there had been a family conference "24 days earlier" and discharge of Resident #1 was discussed. She stated, the administrator said 'well, he's got to go". She said Resident #1 does have behaviors if "provoked". She revealed that the police contacted an ambulance service and Resident #1 was admitted to the hospital and remains there at this time. She stated it took the police 2 hours to get to her residence to make initial contact with Resident #1.<br><br>Interview with the Director of Nurses (DON) on 1/12/23 at 2:35 PM revealed that she was in the facility during the resident-to-resident altercation between Resident #1 and Resident #2. She stated that LPN #1 came and got her around "4:30 PM" and that as she went down "west hall", she saw Resident #2 with blood on his face and clothes with the "right side of his face swollen, nose bleeding and blood all over his face." She said that she and LPN #2 took Resident #1 into the closest room for an evaluation and treatment. She stated Resident #2 said "My roommate jumped on me". She stated that as she was taking Resident #2 into that room, she saw CNA #1 with Resident #1. CNA #1 took Resident #1 back to his room. "I called (name of medical director) and got an order to send Resident #2 to the ER. He had a puncture under his right eye, open areas on scalp, bleeding and fractured | M 500 | | |

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| M 500 | Continued From page 12 | M 500 | | |

nose." CNA#1 stayed in the room with Resident #1 and "told me she found blood on the floor in their room" "blood on knuckles on both of Resident #1's hands." "I asked Resident #1 if he hit someone and he said 'yeah, I hit him, he had my remote control and wouldn't give it back." The DON stated the Administrator had called the police. The Medical Director gave an order to send Resident #1 to the ER for evaluation due to behaviors. Resident #1 refused to leave with the Emergency Medical Technicians (EMT) when they arrived to take him. The medical director was notified and ordered a "Now" order for Ativan and Haldol injection. She stated that Resident #1 was calmer and went to the ER with the EMT's. The DON confirmed that she and the Administrator both called the RR of Resident #1. The DON stated that Resident #1 returned to the facility on 12/23/22 and was one on one until he was sent to Geri-psych on 12/26/22. She stated that Resident #1 was put in a private room until Geri-psych placement on 12/26/22.

Interview with LPN #2 on 1/12/23 at 3:18 PM revealed that she was working on 12/22/22 and saw Resident #2 standing by the DON and "was bloody". LPN #2 went into the room with the DON and Resident #2 for an assessment. She stated that she saw Resident #1 after Resident #2 had left to go to the hospital. Resident #1 stated "he wouldn't give me my remote", when LPN #2 asked what happened. She stated police returned to help in case Resident #1 refused the Ativan and Haldol injection. Resident #1 took the injection without problem after talking with the police. She stated that staff was with Resident #1 one on one until he went to Geri-psych on 12/26/22.

Record review of Resident #1's Face Sheet

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revealed he was readmitted to the facility on 9/1/22. His admitting diagnosis included Schizophrenia, Bipolar Disorder, Other Seizures, Hypothyroidism.

Record review of Resident #1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/4/22 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.

Record review of Resident #1's care plans revealed he is care planned for behaviors of suicidal ideations, pacing, easily agitated, verbally/physically aggressive, hallucinations, paranoid thinking.

Record review of Resident #8's Face Sheet revealed he was admitted to the facility on 11/27/18. His diagnoses include Schizophrenia, Major depressive disorder, Alzheimer's disease, Extrapyramidal and movement disorder, Unspecified Dementia with other behavioral disturbances, Anxiety disorder.

Record review of Resident #8's quarterly MDS assessment with an Assessment Reference Date of 12/21/22 and revealed a Brief Interview for Mental Status (BIMS) was 3, indicating severe cognitive impairment.

Record review of Resident #2's Face Sheet revealed he was admitted to the facility on 5/2/22. His diagnoses include Schizophrenia, Parkinson's disease, Anxiety disorder, Major depressive disorder, Unspecified Dementia without behaviors.

Record review of Resident #2's quarterly MDS with an Assessment Reference Date of 10/28/22

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| M 500 | Continued From page 14<br>and revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognitive skills.<br><br>The facility provided an acceptable Removal Plan on 1/19/23. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ:<br><br>Removal Plan:<br><br>Failure Statement:<br>Facility failed to ensure residents were protected from physical abuse when Resident #1, who had a pattern and history of aggression, assaulted Resident #2 and #8 causing injury. The facility failed to ensure Resident #1 was transferred/discharged in a safe orderly manner with sufficient instruction related to medications. Facility failed to ensure Resident #1 Responsible Representative was notified of detailed discharge planning, and arrangements for post-discharge care including medication instruction.<br><br>Summary:<br>On 09/08/2022 Resident #1 began having episodes of aggression. Resident #1 was involved in a physical altercation with resident #8 who was the aggressor. Resident #8 sustained a laceration to the right eyebrow. Resident #1 was transferred to Geri-psych #1 and Resident #8 was transferred to Geri-psych #2. Resident #8 was assessed by Charge Nurse #3. First aide was provided by Charge Nurse #3 prior to transfer to Geri-psych #2.<br><br>On 12/22/2022 Resident #1 was involved in an altercation with Resident #2 resulting in injury to nose and face. Residents #1 and #2 were assessed by Director of Nursing and Charge | M 500 | | |

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Nurse #1 prior to sending to Hospital for evaluation. Resident #1 was returned to facility on 12/23/22 and placed on one-on-one observation. Resident #2 was treated at hospital for nasal fracture and facial swelling and returned to facility on 12/22/2022 at 9:09 p.m. Resident #1 remained on one-on-one observation at facility until discharged to Geri-psych #1 on 12/26/2022 for evaluation and treatment. He returned to facility on 12/29/2022 at which time he refused to be readmitted to facility and signed himself out Against Medical Advice. Facility transported resident to sisters' home at his request on 12/29/2022 at 1:30 p.m. by facility transporters in the facility van with two attendants. Resident #1 was left unattended. Resident #1 had a zip lock bag with medication on his person when returned from Geri-Psych #1. Resident #1 medications were not reconciled by facility due to resident #1 refusal to readmit to facility. Medical Director was notified of Resident #1 leaving facility Against Medical Advice on 12/29/2022 at 2:36p.m. by Staff Development Coordinator. Ombudsman notified of Resident #1 leaving facility Against Medical Advice on 12/29/2022 at 5:52 p.m. by Administrator.

Facility's action:

1. Abuse and neglect in-service for all staff completed by Staff Development Coordinator in-servicing starting on 12/22/22 through 12/25/22. The staff verbalized understanding the importance of protecting all residents from abuse to include resident to resident abuse and how to deal with combative residents. No staff will be allowed to work until completion of in-service.

2. Licensed nurses, and Social Services in-serviced on safe and orderly discharge with

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sufficient instruction related to medications will be completed by 01/17/23 by Staff Development, Director of Nursing and Administrator. Social Services or licensed nursing staff will not be allowed to work until in-serviced. On 01/12/2023 through 1/14/2023 an Staff Development Nurse in-serviced Minimum Data Set Nurse, Social Services, and Nursing Service on baseline care plan policy.

3. Resident #1 was placed on one on one observation starting 12/22/22 while in facility until transferred to Geri-psych hospital for evaluation 12/26/22. Then returned from Geri-psych #1 on 12/29/22 and Resident #1 left Against Medical Advice prior to readmission.

4. Head to toe assessment was completed on Resident #8 by Charge Nurse #3 on 09/08/2022. Head to toe assessments of Residents #1 and #2 was completed by Charge Nurse #1 and Director of Nursing on 12/22/22. On 09/08/22, Resident #8 received in-house treatment of injury to right eyebrow and was later transferred to Geri-psych #2 for psych evaluation on 09/08/22 at 7:11 a.m. Residents #1 and #2 were sent to hospital for evaluation and treatment 12/22/22.

5. All residents were assessed for post traumatic issues related to abuse or neglect by Social Services, this was completed on 12/23/2022. No other residents were identified.

6. On 1/17/23, Staff Development Coordinator, Director of Nursing, and Administrator in-serviced Licensed nurses to ensure sufficient instruction will be given to resident or their representative related to discharge medications.

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| M 500 | Continued From page 17<br><br>7. Administrator and Director of Nursing in-serviced on safe and orderly discharge with medications and not to leave any residents unattended or unsupervised when transferring a resident by Regional Vice President on 01/13/2023.<br><br>8. Social Services and facility van transporters in-serviced on safe and orderly discharge with medications and not to leave any residents unattended or unsupervised when transferring a resident. Staff Development Coordinator completed an in-service 1/17/23 by 5 p.m. Social Service or van drivers will not be allowed to transport or transfer any resident until in-service is completed.<br><br>9. Disciplinary counseling completed on Administrator for failure to ensure Resident Representative was notified of discharge of Resident #1. Failure to ensure safe discharge of Resident #1 with medication reconciliation. Completed by Regional Vice President on 01/13/2023.<br><br>10. All residents discharged home was audited from July 15, 2022 through 12/29/2022 to ensure safe discharge with medication and care instruction. Only 1 resident was discharged home during this time frame, there were no issues noted. This audit was completed by Director of Nursing on 01/13/2023.<br><br>Quality Assurance:<br><br>1. An emergency Quality Assurance Performance Improvement Committee meeting was held on 12/22/2022 at 9:30 a.m. until 10:30 a.m. to review the resident-to-resident abuse between Resident #1 and #2. In attendance was | M 500 | | |

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| M 500 | Continued From page 18<br><br>Administrator, Director of Nursing, Minimum Data Set Nurse, RN Unit Manager, Medical Records, Infection Control Nurse, House Keeping Supervisor, Social Service Director, Maintenance Director, Business Office Manager, Staff Development Nurse, and Medical Director. There were no new recommendations or changes made to policies. Abuse in-service completed for all staff, and Resident to Resident Abuse Audit Tool initiated.<br><br>2. Facility held a second emergency Quality Assurance Performance Improvement Committee meeting on 01/17/2023 4:00p.m. to review immediate jeopardy F-tag .600, F623, F660. In attendance was Administrator, Director of Nursing, Minimum Data Set Nurse, Medical Records, Infection Control Nurse, House Keeping Supervisor, Social Service Director, Maintenance Director, Business Office Manager, Staff Development Nurse, and Medical Director. Reviewed discharge look back from 07/15/2022 through 12/29/22 audit was performed Director of Nursing. One issues noted. There were no new recommendations or changes made to policies. Abuse in-service completed for all staff, and Resident to Resident Abuse Audit Tool initiated.<br><br>3. Facility held a third emergency Quality Assurance Performance Improvement Committee was held on 01/18/2023 at 3:30 p.m. to review immediate jeopardy F-tag 835. In attendance was Administrator, Director of Nursing, Minimum Data Set Nurse, Medical Records, Infection Control Nurse, House Keeping Supervisor, Social Service Director, Maintenance Director, Business Office Manager, Staff Development Nurse, and Medical Director. Reviewed Safe Discharge policies and medications. No issues or concerned voiced. There were no new | M 500 | | |

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| M 500 | Continued From page 19<br>recommendations.<br><br>The facility alleges compliance as reported to the Department of Health on 1/19/2023.<br><br>VALIDATION:<br><br>On 1/21/23, the SA validated the facility had implemented the following measures to remove the Immediate Jeopardy. The Removal Plan was verified by staff interviews and record reviews of in-services.<br><br>1. Record review and staff interviews on 1/21/23 confirmed the facility had conducted Abuse and neglect in-service for all staff completed by Staff Development Coordinator in-servicing starting on 12/22/22 through 12/25/22. During staff interviews on 1/21/23, staff verbalized understanding the importance of protecting all residents from abuse to include resident to resident abuse and how to deal with combative residents. No staff will be allowed to work until completion of in-service.<br><br>2. Record review and staff interviews on 1/21/23 confirmed that Licensed nurses, and Social Services were in-serviced on safe and orderly discharge with sufficient instruction related to medications completed by 01/17/23 by Staff Development, Director of Nursing and Administrator. Social Services or licensed nursing staff will not be allowed to work until in-serviced. On 01/12/2023 through 1/14/2023 an Staff Development Nurse in-serviced Minimum Data Set Nurse, Social Services, and Nursing Service on baseline care plan policy. | M 500 | | |

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| M 500 | Continued From page 20<br><br>3. Record review and interview on 1/21/23 confirmed that Resident #1 was placed on one on one observation starting 12/22/22 while in facility until transferred to Geri-psych hospital for evaluation 12/26/22. Then returned from Geri-psych #1 on 12/29/22 and Resident #1 left Against Medical Advice prior to readmission.<br><br>4. Record review and staff interview on 1/21/23 confirmed that a Head-to-toe assessment was completed on Resident #8 by Charge Nurse #3 on 09/08/2022. Head to toe assessments of Residents #1 and #2 was completed by Charge Nurse #1 and Director of Nursing on 12/22/22. On 09/08/22, Resident #8 received in-house treatment of injury to right eyebrow and was later transferred to Geri-psych #2 for psych evaluation on 09/08/22 at 7:11 a.m. Residents #1 and #2 were sent to hospital for evaluation and treatment 12/22/22.<br><br>5. Record review and staff interviews on 1/21/23 confirmed that all residents were assessed for post traumatic issues related to abuse or neglect by Social Services, this was completed on 12/23/2022. No other residents were identified.<br><br>6. Staff interviews and record review on 1/21/23 confirmed that on 1/17/23, Staff Development Coordinator, Director of Nursing, and Administrator in-serviced Licensed nurses to ensure sufficient instruction will be given to resident or their representative related to discharge medications.<br><br>7. Record review and staff interviews on 1/21/23 confirmed that the Administrator and Director of Nursing in-serviced on safe and orderly discharge with medications and not to leave any residents | M 500 | | |

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unattended or unsupervised when transferring a resident by Regional Vice President on 01/13/2023.

8. Staff interview and record review on 1/21/23 confirmed that Social Services and facility van transporters were in-serviced on safe and orderly discharge with medications and not to leave any residents unattended or unsupervised when transferring a resident. Staff Development Coordinator completed an in-service 1/17/23 by 5 p.m. Social Service or van drivers will not be allowed to transport or transfer any resident until in-service is completed.

9. Staff interview and record review on 1/21/23 confirmed that Disciplinary counseling completed on Administrator for failure to ensure Resident Representative was notified of discharge of Resident #1. Failure to ensure safe discharge of Resident #1 with medication reconciliation. Completed by Regional Vice President on 01/13/2023.

10. Record review and staff interviews on 1/21/23 confirmed that all residents discharged home was audited from July 15, 2022 through 12/29/2022 to ensure safe discharge with medication and care instruction. Only 1 resident was discharged home during this time frame, there were no issues noted. This audit was completed by Director of Nursing on 01/13/2023.

Record review and staff interviews on 1/21/23 confirmed that an emergency Quality Assurance Performance Improvement Committee meeting was held on 12/22/2022 at 9:30 a.m. until 10:30 a.m. to review the resident-to-resident abuse between Resident #1 and #2. In attendance was Administrator, Director of Nursing, Minimum Data

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| M 500 | Continued From page 22<br><br>Set Nurse, RN Unit Manager, Medical Records, Infection Control Nurse, House Keeping Supervisor, Social Service Director, Maintenance Director, Business Office Manager, Staff Development Nurse, and Medical Director. There were no new recommendations or changes made to policies. Abuse in-service completed for all staff, and Resident to Resident Abuse Audit Tool initiated.<br><br>Staff interviews and record review on 1/21/23 confirmed that the facility held a second emergency Quality Assurance Performance Improvement Committee meeting on 01/17/2023 4:00p.m. to review immediate jeopardy F-tag .600, F623, F660. In attendance was Administrator, Director of Nursing, Minimum Data Set Nurse, Medical Records, Infection Control Nurse, House Keeping Supervisor, Social Service Director, Maintenance Director, Business Office Manager, Staff Development Nurse, and Medical Director. Reviewed discharge look back from 07/15/2022 through 12/29/22 audit was performed Director of Nursing. One issues noted. There were no new recommendations or changes made to policies. Abuse in-service completed for all staff, and Resident to Resident Abuse Audit Tool initiated.<br><br>Record review and staff interviews on 1/21/23 confirmed that the facility held a third emergency Quality Assurance Performance Improvement Committee was held on 01/18/2023 at 3:30 p.m. to review immediate jeopardy F-tag 835. In attendance was Administrator, Director of Nursing, Minimum Data Set Nurse, Medical Records, Infection Control Nurse, House Keeping Supervisor, Social Service Director, Maintenance Director, Business Office Manager, Staff Development Nurse, and Medical Director. | M 500 | | |

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| RULEVILLE NURSING AND REHABILITATION CENTEI | 800 STANSEL DR RULEVILLE, MS 38771 |

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|---|---|---|---|---|
| M 500 | Continued From page 23<br><br>Reviewed Safe Discharge policies and medications. No issues or concerned voiced. There were no new recommendations.<br><br>Staff interviewed on 1/21/23 were seven (7) Certified Nurse Aides (CNA), two (2) Registered Nurses (RN), three (3) Licensed Practical Nurses (LPN), one (1) Business Office Manager (BOM), 1 Social Worker (SW), 1 Minimum Data Set LPN, 1 Administrator, 1 Director of Nurses, 2 Covid Screeners. | M 500 | | |