STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A374	A. BUILDING _____ B. WING _____	05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOXUBEE COUNTY NURSING HOME	78 HOSPITAL RD MACON, MS 39341

(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 A standard survey was conducted at Noxubee County Nursing Home by Ascellon, on behalf of the MS State Department of Health, from May 13, 2019 through May 16, 2019. The standard survey revealed that the facility was not in substantial compliance with the requirements of participation in Medicare/Medicaid. The following deficiencies resulted from the facility's noncompliance: F-569. The facility's census on May 13, 2019 was 52 residents and the facility held a license for 60 beds.	F 000		
F 569 SS=D	Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v) §483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits- (A) When the amount in the resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. §483.10(f)(10)(v) Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the	F 569		6/19/19

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

Electronically Signed | 06/19/2019

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F 569	Continued From page 1 resident's estate, in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to convey the trust fund monies within 30 days of discharge for one (1) of two (2) residents sampled for discharge process (Resident #55). There were 16 residents in the total survey sample. The facility returned Resident #55's trust fund balance 60 days after discharge from the facility. Findings included: Review of "Policy and Procedures on Resident Rights", revised 3/7/18, revealed the facility would refund the family or estate within 30 days of a resident death. The policy did not address when a resident discharged to the community. Review of Resident #55's "Face Sheet", dated 3/11/19, revealed the resident was admitted into the facility on 2/6/19, with diagnoses including Dementia, Hyperlipidemia, Hypertension, and Diabetes. Review of "Social Services Notes" dated 3/8/19, revealed Resident #55's family came to see social services on 3/6/19, to discuss discharge plans for Resident #55. Resident was to be discharged on 3/8/19, with family. Review of "Physician's Orders" for Resident #55 dated 3/8/19, revealed an order to discharge home with medication per family request. Review of "Resident Trust Fund Statement" (undated) indicated that Resident #55 was discharged 3/8/19. The statement noted Resident #55 had a trust fund balance of $23.31 on 5/1/19. The statement noted a withdrawal on	F 569	"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law" F569 Notice and Conveyance of Personal Funds 1. Corrective actions to be accomplished for Residents found to be affected by the alleged deficient practice: A. A complete audit was conducted by the Administrator and the Business Office Manager on 06/17/2019, of the personal funds accounts of all of the residents of Noxubee County Nursing Home upon the discharge, eviction or death, including discharge to the community since January 2019, of all the eight residents that was discharged, it was found that all residents except resident #55 had been refunded within 30 days of discharge. B.Noxubee County Nursing Home refunded Resident #55 $23.31 which was owed to her as a balance from her trust fund monies on 05/03/2019. 2. Noxubee County Nursing Home has	

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F 569	Continued From page 2 5/3/19. Interview with the Business Office Manager (BOM) on 5/16/19 at 9:59 AM, revealed that there was a balance of $120 in Resident #55's account. The BOM stated that she called the family in April to see if they wanted to apply the trust fund balance to the money owed but didn't hear back from them. The family did not respond to her call regarding the balance. The balance was refunded on 5/3/19. Further interview with the BOM on 5/16/19 at 10:35 AM, revealed that she normally refunded monies in the trust fund within 30 days, but she felt this was a special circumstance, so she did not refund it on time. The BOM stated that the facility's "Policy and Procedures on Resident Rights" should be updated to address residents discharged to the community.	F 569	determined that all residents with a personal funds account have the potential to be affected. 3. Measures put in place to ensure the alleged deficient practice does not reoccur: A. The Business Office Manager was in-serviced on 06/17/2019, by the Administrator to the standard of the resident rights including that upon any discharge including to the community, eviction or death of a resident with personal funds deposited with Noxubee County Nursing Home, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with the law. B. Noxubee County Nursing Home revised its policy on 06/17/2019 involving residents rights and personal funds accounts to ensure that upon discharge including any discharge to the community, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident or in case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with the law. 4. The corrective action will be monitored as followed to ensure the alleged deficient practice does not reoccur:	

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F 569	Continued From page 3	F 569	A. The Administrator and the Business Office Manager, will conduct an audit of all residents personal funds accounts that has been discharged, evicted or died, including discharges to the community weekly for three months beginning 06/17/2019 to ensure that all residents that have been discharged, evicted or died have had their funds conveyed with 30 days as stated in the policy. Discrepancies will be reported promptly to the Administrator. Findings of this audit will be discussed with the Resident Council monthly. This plan of correction will be monitored monthly by the Administrator and the Quality Assurance team until such time consistent substantial compliance has been met. The Quality Assurance team will make any needed recommendations at that time. Corrective action is expected to be completed no later than 06/20/2019.	

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	25A374	A. BUILDING **01 - BUILDING 0101** B. WING _____	**05/13/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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Electronically Signed | 06/20/2019

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.

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 5/13/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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