STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 02/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

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F 000	INITIAL COMMENTS On 02/06/23 through 02/07/23 the State Agency (SA) conducted an onsite Complaint Investigation CI MS# 20448 which alleged that residents were not receiving quality care and pressure ulcer prevention. CI MS# 20687 was related to staffing concerns. CI MS# 20494 was a facility reported incident for alleged resident property taken by facility staff. The SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services and found noncompliance with CI MS# 20494 and cited deficiencies at F585 for violations of residents rights by not addressing grievances and F602 for misappropriation for failure to protect residents personal property. The SA found that the facility was in compliance with CI MS# 20448 and CI MS# 20687 and no deficiencies were cited. The facility held a census of 110 and the facility was licensed for 140 beds.	F 000		
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the	F 585		3/8/23

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

Electronically Signed | 03/01/2023

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facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.

§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.

§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for

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example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;
(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;
(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and
(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.

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F 585	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to provide actions taken and resolutions of grievances filed with the facility for three (3) of five (5) residents reviewed. Resident (Res) #1, Resident #2 and Resident #5. Findings include: Record review of a typed document on facility letter, dated February 7, 2023, and signed by the Administrator, revealed " Currently, (Name of Facility) does not have a general policy for grievance procedures, whether individual or group grievances. (Name of Facility) is currently working on implementing a grievance procedure. The grievance procedure is attached." Resident #1: Interview on 02/06/23 at 12:10 PM, with the facility Licensed Social Worker (LSW) revealed that Resident #1's niece had filed a grievance on 11/07/2022 during a visit to the facility that Res #1's diamond cross necklace and two (2) diamond rings were missing from her room. The LSW stated that the staff searched Res #1's room and were unable to locate the missing diamond cross necklace and the missing diamond rings. The LSW confirmed that the facility posted a "Lost" notice on the facility bulletin board with a description of the missing jewelry with instructions to please help locate the missing jewelry. The LSW then confirmed that the diamond necklace and diamond rings were never located, and the facility had not replaced the missing items as to date. The LSW stated that the facility policy was that they were not	F 585	February 8, 2023, Quality Assurance Committee approved the Grievance Policy. Feb 28, 2023, The Grievance Policy was mailed out to all Residents/Resident Responsible Party. Going forward the Grievance Policy will be given to all Residents/Responsible Party upon admission. Responsible Party of Resident #1 was contacted on February 28, 2023, by Administrator and Licensed Social Worker. Findings and resolution were discussed and agreed upon. The necklace has been returned to the facility and is locked in Administrator□s office along with one diamond ring, a watch, and a Dooney and Bourke purse that also is property of Resident #1. Responsible Party will pick up Resident #1□s property upon next visit to facility. February 28, 2023, Concern Form regarding Resident #1 was completed by Administrator and Licensed Social Worker. On February 28, 2023, the Missing Item form dated January 3, 2023, containing the information about Resident #2□s missing cell phone was attached to a Concern Form. Resident #2□s Responsible Party had previously been told that the facility is writing off the last two days of Resident□s stay. Resident #2□s Responsible Party was contacted on February 28, 2023, to discuss findings and resolution. Resident #2□s Responsible Party was satisfied with resolution and Concern Form was completed on February 28, 2023, by	

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responsible for missing jewelry or money in excess of $5.00 and that she was not aware of the items being listed on an inventory list for Resident #1's property on her admission. The LSW did confirm that Resident #1 was cognitively impaired and that her nephew was her Resident Representative (RR).

In an interview on 02/06/2023 at 12:25 PM, with the facility Administrator (ADM), he confirmed that he had located an inventory list for Resident #1 in the medical records department and confirmed that the diamond and gold jewelry of Resident #1 was listed on the inventory list and that the facility had not replaced the missing jewelry of Resident #1 because he was in hopes that the Attorney General Office (AGO) would get the jewelry back from the staff member, Certified Nursing Assistant (CNA) #1 that had taken it. The ADM stated that the AGO had told him that he had enough evidence against CNA #1 to make an arrest and that he was certain that CNA #1 had taken the jewelry of Resident #1. The ADM showed pictures of Resident #1 wearing the diamond cross necklace and had obtained pictures of CNA#1 wearing that same necklace and a diamond ring on a social media post. The ADM also confirmed that they had not replaced any of the items stolen nor had the facility followed up with the grievance resolutions with Resident #1's family.

Interview on 02/06/23 at 4:00 PM, with the RR of Resident #1 revealed that he had not been to see his aunt since before Covid-19. He stated that he was told by his sister that Resident #1's jewelry was missing when she visited the resident on 11/07/22 and that she had reported it to the facility. The RR stated that his aunt was severely

Licensed Social Worker.
Certified Nursing Assistant #1 was suspended on January 9, 2023, pending the investigation into a resident□s missing cell phone. Certified Nursing Assistant #1 was terminated on January 26, 2023. Certified Nursing Assistant #1 is no longer allowed to work in healthcare settings. Certified Nursing Assistant #1 is currently under investigation by Attorney General Office.
February 28, 2023, Administrator and Licensed Social Worker met with Resident #5. Resolution of refunding half of the money lost, $120.00, was agreed upon and Resident #5 was satisfied with the resolution. Responsible Party was notified as well and satisfied with resolution. February 28, 2023, the Missing Item form dated January 12, 2022, containing information about Resident #5□s missing money was attached to a Concern Form. The Concern Form regarding Resident #5 was then updated and completed by Licensed Social Worker on February 28, 2023.

All residents have the potential to be affected by this deficient practice.

February 23, 2023, the Grievance Official/Social Services department initiated an audit of all grievances from January 2022 □ January 2023. All grievances and concerns were resolved and in compliance by February 28, 2023. In-services titled Misappropriation of Property □ Abuse and Neglect/Resident□s Rights □ Free from

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F 585	Continued From page 5 cognitively impaired and that he nor his sister he had been contacted by the facility other than just recently to tell them that a CNA had stolen the jewelry. In an interview on 02/06/23 at 4:10 PM with the niece of Resident #1, revealed that she came to the facility in November 2022 to visit Resident #1 and noticed that she was not wearing her jewelry that she had always worn. The niece also stated that she noticed that Res #1 had declined mentally and was not cognitively intact. The resident's niece reported to the LSW that the diamond cross necklace and two (2) diamond rings were missing. She confirmed that her brother, was the RR for Resident #1 because he lived in the state and she lived out of state. The niece stated that the facility had recently told her that a staff member had stolen the jewelry of Res #1. The facility had not contacted her with any information until January 2023. The niece confirmed that she had reported the missing jewelry items to the facility in November 2022. She stated that Resident #1 had wanted to keep her jewelry on her person and would not remove the jewelry upon admission in 2015 and that to her knowledge the facility had not done anything to locate Res #1's jewelry after she had reported it missing on 11/07/2022. Interview on 02/06/23 at 4:40 PM, with the police detective that completed the local police report confirmed that he had spoken to the ADM on 01/11/2023 and he reported that the CNA #1 had taken jewelry from Resident #1 and a cell phone that belonged to Resident #2. Interview on 02/07/23 at 1:30 PM, with the AGO revealed that he was confident that CNA #1 had	F 585	Abuse, Neglect, Misappropriation and Exploitation were initiated by Staff Development Coordinator, Registered Nurse, on February 25, 2023. In-service titled Grievance Policy was initiated by Staff Development Coordinator, Registered Nurse, on February 27, 2023. One Hundred percent of active staff will be in-serviced by March 2, 2023, on Misappropriation of Property Abuse and Neglect/Resident□s Rights Free from Abuse, Neglect, Misappropriation and Exploitation. One Hundred percent of active staff will be in-serviced by March 3, 2023, on the Grievance Policy. Any staff that are in-active (FMLA, worker compensation, military leave, etc.) will be in-serviced/trained on the Grievance Policy, Resident□s Rights, and Misappropriation of Property by Staff Development Coordinator, Registered Nurse, prior to working again. All new employees will be in-serviced/trained on the Grievance Policy, Resident□s Rights, and Misappropriation of Property by Staff Development Coordinator, Registered Nurse, upon hire. Beginning February 27, 2023, and going forward indefinitely, the Grievance Official will bring each new Record of Concern to the 9a.m. staff meetings each weekday for review. Records of concern are to include missing items and missing money in order to assure allegations/concerns of misappropriation of property and resident□s rights are all resolved and are compliant with regulations. Beginning March 2023, and going forward, the	

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F 585	Continued From page 6 taken the property of Resident #1 and Resident #2. The AGO had not yet met with CNA #1 and had not charged anyone with the theft of the resident property. Record review of the (Formal Name of County) Sheriffs Office Investigative Report revealed that the ADM contacted the local police department on 01/11/23. The ADM reported that CNA #1 was suspected of taking jewelry and a cell phone belonging to a couple of Residents at the facility. The local police department did not come to the facility and contacted the AGO. The AGO informed the police department that the AGO was handling the case. Record review of Resident #1's Face Sheet revealed that Resident #1 was admitted to the facility on 06/29/2015 with diagnoses that included Unsp (Unspecified) Dementia and Anxiety Disorder. Record review of the Minimum Data Set (MDS) dated 02/07/2023, revealed a Brief Interview for Mental Status (BIMS) score of 3, which indicated Res #1 had severe cognitive impairment. Record review of a document titled "Record of Concern" dated 11/07/2022, revealed "Statement of Concern: Niece (Formal name of Niece) called this writer and reported reident diamnd cross necklance missing and (2) diamond clustered riengs. Niece indicated she has had the necklace on since admitting...Action Taken at Time of Concern: Reported the necklance missing to charge nurse. Room search included;searching drawers, closet, and under bed. Shower room searched. Asked staff if they had seen the cross.Hung a lost and ound note at desk w/ (with)	F 585	Quality Assurance committee will review new Records of Concern each month for satisfactory resolutions and regulatory compliance. March 8, 2023, is date scheduled for next Quality Assurance Committee meeting.	

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description of cross..." The sections titled "Investigation Activity if Needed and Action Taken/Findings" were blank. The document was not signed by the Administrator or Director of Nurses (DON). There was no documentation of the resident/family notified of outcome.

The "Resident Inventory List" for Resident #1 dated 06/29/2015 revealed a diamond cross necklace and three (3) diamond rings among other gold jewelry and a watch listed on the inventory form.

Resident #2:
Interview on 02/06/23 at 12:10 PM, with the facility Licensed Social Worker (LSW) revealed there was not a formal grievance documented in the grievance logs for Resident #2's grievance from the family stating that the resident had a missing cell phone. LSW stated that the facility Administrator (ADM) would have the investigation that was completed for the missing cell phone of Res #2.

In an interview on 02/06/2023 at 12:25 PM, with the facility ADM, confirmed that
the family of Resident #2 had provided a cell phone call list with calls to and from CNA #1. The ADM stated that the facility terminated CNA #1 on 01/26/23 after she had been suspended on 01/09/23, pending the investigation. The ADM provided the termination documentation for CNA #1 dated 1/26/23 that outlined the reason for termination as cell phone missing and noted to have her phone number as receiving calls from the missing cell phone. The ADM stated that calls had been made on the cell phone after the death of Resident #2 and the ADM confirmed that Resident #2 expired in the facility on 01/06/2023.

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The ADM also confirmed that they had not replaced any of the items stolen nor had the facility followed up with the grievance resolutions with Resident #2's family.

Interview on 02/06/23 at 3:45 PM, with Certified Nursing Assistant (CNA #1) revealed that she had no idea how the cell phone records of Res #2 contained her phone number, and she denied taking the cell phone of Resident #2. CNA #1 confirmed that she had an appointment to meet with the AGO on Wednesday 02/08/23 at 10:00 AM. CNA #1 confirmed that she was terminated from the facility for her phone number appearing on the cell phone records of Res #2.

Record review of the Face Sheet for Resident #2 revealed that he was admitted to the facility on 05/06/22 and expired in the facility on 01/06/23. Resident #2 had diagnoses that included Anxiety disorder and Chronic kidney disease, stage 4 (severe).

Record review of the MDS dated 1/6/23, revealed a BIMS score of 00 indicating Resident #2 was unable to participate in the BIMS interview.

Resident #5:

Observation and interview on 02/06/23 at 3:30 PM, with Resident #5, revealed that she had $240.00 taken from her bedside table and that she had reported the money missing over a year ago. The facility had not offered to replace the money. She stated that she obtained the cash from her trust fund account and that she noticed the money was gone a couple of days after she had contacted her sister to come get the money

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to shop for her. Resident stated that she thought the facility should have replaced her money, especially since they were aware of her obtaining the cash from her trust fund and the facility assisted her with shopping for personal items. She was able to give an account of when her money was missing from her bedside table.

Interview on 02/07/23 at 11:30 AM, with Social Services Designee (SSD) for Resident #5 revealed that she was not aware of the actions taken by the facility to resolve Resident #5's grievance.

Interview on 02/07/23 at 12:50 PM, with the Activities Direct (AD) stated that she attended the resident council meetings with the residents and she would give the residents' concerns to the appropriate departments.She stated the following month the issues for the previous month would be discussed. The AD stated that she was not aware of a facility policy for formally handling and following up on Resident grievances.

Interview on 02/07/23 at 3:30 PM, with the facility ADM he confirmed that the facility had no current policy for grievances and that he had been working on a policy and had not yet gotten it approved through the Quality Assurance (QA) committee. He stated that the Residents nor their RR's had not been educated on the facility's grievance processes and that he had not followed up with the RR's that had filed the grievances on behalf of Resident #1, Resident #2 or Resident #5.

Interview on 02/07/23 at 5:30 PM, with the sister, who is the RR, of Resident #5 revealed that she was contacted by Resident #5 to come and get

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F 585	Continued From page 10 money to go purchase a refrigerator for her room and that she had gotten the money from her trust fund account.The RR was not able to come to get the money and shop for Resident #5 until several days later. The RR stated that Resident #5 reported to her at that time that someone had taken her money from her purse that was in her bedside table. The RR reported the missing money to the LSW on 1/12/23. Record review of the Trust Fund Transaction List date ranges 1/31/22 through 2/13/23 revealed Resident #5 made multiple cash withdrawals ranging from $39.00 to $400.00. Record review of the Face Sheet revealed Resident #5 was admitted to the facility on 6/22/12 with diagnoses that included Pneumonia and Chronic Systolic (Congestive) Heart Failure. Record review of the MDS dated 12/14/22, revealed that Res #5 had a BIMS score of 15 which indicated that she was cognitively intact.	F 585		
F 602 SS=E	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 interviews, record reviews, observations, and policy and procedure reviews	F 602	February 8, 2023, Quality Assurance Committee approved the Grievance	3/8/23

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F 602	Continued From page 11 the facility failed to ensure loss/theft of resident's personal property was prevented for three (3) of five (5) Residents reviewed for misappropriation. Resident #1, Resident #2 and Resident #5. Findings include: The facility policy and procedure titled: "Code of Conduct" revealed: "Examples of conduct and behavior that are considered inappropriate and are therefore prohibited by this policy include, but are not limited to, the following: Misuse or abuse of nursing home funds, dishonesty, theft, misrepresentation, conflict of interest, or false statement in connection with any aspects of employment;" The policy was signed by Certified Nursing Assistant (CNA #1) and dated 7/12/21. The facility policy titled: "Abuse Neglect, Exploitation, and the Vulnerable Adults Act Policy" dated revised 01/28/2021 read: Any employee guilty of abusing a resident or patient is subject to immediate dismissal and criminal charges may be filed against any employee guilty of abuse. Employees may be fined $5000.00 and sentenced to 3 years in prison. Record review of "Resident's Rights under Federal Law" signed by CNA #1 and dated 12/21/21 revealed, "...7.The Resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.8. The Resident has the right to...filing a grievance...concerning...misappropriation of Resident property in the facility...27.The Resident has a right to retain and use personal possessions..." Resident #1:	F 602	Policy. Feb 28, 2023, The Grievance Policy was mailed out to all Residents/Resident Responsible Party. Going forward the Grievance Policy will be given to all Residents/Responsible Party upon admission. Responsible Party of Resident #1 was contacted on February 28, 2023, by Administrator and Licensed Social Worker. Findings and resolution were discussed and agreed upon. The necklace has been returned to the facility and is locked in Administrator□s office along with one diamond ring, a watch, and a Dooney and Bourke purse that also is property of Resident #1. Responsible Party will pick up Resident #1□s property upon next visit to facility. February 28, 2023, Concern Form regarding Resident #1 was completed by Administrator and Licensed Social Worker. On February 28, 2023, the Missing Item form dated January 3, 2023, containing the information about Resident #2□s missing cell phone was attached to a Concern Form. Resident #2□s Responsible Party had previously been told that the facility is writing off the last two days of Resident□s stay. Resident #2□s Responsible Party was contacted on February 28, 2023, to discuss findings and resolution. Resident #2□s Responsible Party was satisfied with resolution and Concern Form was completed on February 28, 2023, by Licensed Social Worker. Certified Nursing Assistant #1 was suspended on January 9, 2023, pending the investigation into a resident□s missing	

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F 602	Continued From page 12 Interview on 02/06/23 at 12:10 PM, with the facility Licensed Social Worker (LSW) revealed that Resident #1's niece had filed a grievance on 11/07/2022 during a visit to the facility that Res #1's diamond cross necklace and two (2) diamond rings were missing from her room. The LSW stated that the staff searched Res #1's room and were unable to locate the missing diamond cross necklace and the missing diamond rings. The LSW confirmed that the facility posted a "Lost" notice on the facility bulletin board with a description of the missing jewelry with instructions to please help locate the missing jewelry. The LSW then confirmed that the diamond necklace and diamond rings were never located, and the facility had not replaced the missing items as to date. The LSW stated that the facility policy was that they were not responsible for missing jewelry or money in excess of $5.00 and that she was not aware of the items being listed on an inventory list for Resident #1's property on her admission. The LSW did confirm that Resident #1 was cognitively impaired and that her nephew was her Resident Representative (RR). In an interview on 02/06/2023 at 12:25 PM, with the facility Administrator (ADM), he confirmed that he had located an inventory list for Resident #1 in the medical records department and confirmed that the diamond and gold jewelry of Resident #1 was listed on the inventory list and that the facility had not replaced the missing jewelry of Resident #1 because he was in hopes that the Attorney General Office (AGO) would get the jewelry back from the staff member, Certified Nursing Assistant (CNA) #1 that had taken it. The ADM stated that the AGO had told him that he had	F 602	cell phone. Certified Nursing Assistant #1 was terminated on January 26, 2023. Certified Nursing Assistant #1 is no longer allowed to work in healthcare settings. Certified Nursing Assistant #1 is currently under investigation by Attorney General Office. February 28, 2023, Administrator and Licensed Social Worker met with Resident #5. Resolution of refunding half of the money lost, $120.00, was agreed upon and Resident #5 was satisfied with the resolution. Responsible Party was notified as well and satisfied with resolution. February 28, 2023, the Missing Item form dated January 12, 2022, containing information about Resident #5□s missing money was attached to a Concern Form. The Concern Form regarding Resident #5 was then updated and completed by Licensed Social Worker on February 28, 2023. All residents have the potential to be affected by this deficient practice. February 23, 2023, the Grievance Official/Social Services department initiated an audit of all grievances from January 2022 □ January 2023. All grievances and concerns were resolved and in compliance by February 28, 2023. Inservices titled Misappropriation of Property □ Abuse and Neglect/Resident□s Rights □ Free from Abuse, Neglect, Misappropriation and Exploitation were initiated by Staff Development Coordinator, Registered Nurse, on February 25, 2023. Inservice	

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enough evidence against CNA #1 to make an arrest and that he was certain that CNA #1 had taken the jewelry of Resident #1. and had also taken the cell phone of Resident #2. The ADM showed pictures of Resident #1 wearing the diamond cross necklace and had obtained pictures of CNA#1 wearing that same necklace and a diamond ring on a social media post. The ADM also confirmed that they had not replaced any of the items stolen.

Interview on 02/06/23 at 4:00 PM, with the RR of Resident #1 revealed that he had not been to see his aunt since before Covid-19. He stated that he was told by his sister that Resident #1's jewelry was missing when she visited the resident on 11/07/22 and that she had reported it to the facility.

In an interview on 02/06/23 at 4:10 PM, with the niece of Resident #1, revealed that she came to the facility in November 2022 to visit Resident #1 and noticed that she was not wearing her jewelry that she had always worn. The niece also stated that she noticed that Res #1 had declined mentally and was not cognitively intact. The resident's niece reported to the LSW that the diamond cross necklace and two (2) diamond rings were missing. She confirmed that her brother, was the RR for Resident #1 because he lived in the state and she lived out of state. The niece stated that the facility had recently told her that a staff member had stolen the jewelry of Res #1. The niece confirmed that she had reported the missing jewelry items to the facility in November 2022. She stated that Resident #1 had wanted to keep her jewelry on her person and would not remove the jewelry upon admission in 2015 and that to her knowledge the facility had

titled Grievance Policy was initiated by Staff Development Coordinator, Registered Nurse, on February 27, 2023. One Hundred percent of active staff will be in-serviced by March 2, 2023, on Misappropriation of Property Abuse and Neglect/Resident□s Rights Free from Abuse, Neglect, Misappropriation and Exploitation. One Hundred percent of active staff will be in-serviced by March 3, 2023, on the Grievance Policy. Any staff that are in-active (FMLA, worker compensation, military leave, etc.) will be in-serviced/trained on the Grievance Policy, Resident□s Rights, and Misappropriation of Property by Staff Development Coordinator, Registered Nurse, prior to working again. All new employees will be in-serviced/trained on the Grievance Policy, Resident□s Rights, and Misappropriation of Property by Staff Development Coordinator, Registered Nurse, upon hire.

Beginning February 27, 2023, and going forward indefinitely, the Grievance Official will bring each new Record of Concern to the 9a.m. staff meetings each weekday for review. Records of concern are to include missing items and missing money in order to assure allegations/concerns of misappropriation of property and resident□s rights are all resolved and are compliant with regulations. Beginning March 2023, and going forward, the Quality Assurance committee will review new Records of Concern each month for satisfactory resolutions and regulatory compliance. March 8, 2023, is date

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F 602	Continued From page 14 not done anything to locate Res #1's jewelry after she had reported it missing on 11/07/2022. Interview on 02/06/23 at 4:40 PM, with the police detective that completed the local police report confirmed that he had spoken to the ADM on 01/11/2023 and he reported that the CNA #1 had taken jewelry from Resident #1 and a cell phone that belonged to Resident #2. Interview on 02/07/23 at 1:30 PM, with the AGO revealed that he was confident that CNA #1 had taken the property of Resident #1 and Resident #2. The AGO had not yet met with CNA #1 and had not charged anyone with the theft of the resident property. Record review of the (Formal Name of County) Sheriffs Office Investigative Report revealed that the ADM contacted the local police department on 01/11/23. The ADM reported that CNA #1 was suspected of taking jewelry and a cell phone belonging to a couple of Residents at the facility. The local police department did not come to the facility and contacted the AGO. The AGO informed the police department that the AGO was handling the case. Record review of Resident #1's Face Sheet revealed that Resident #1 was admitted to the facility on 06/29/2015 with diagnoses that included Unsp (Unspecified) Dementia and Anxiety Disorder. Record review of the Minimum Data Set (MDS) dated 02/07/2023, revealed a Brief Interview for Mental Status (BIMS) score of 3, which indicated Res #1 had severe cognitive impairment.	F 602	scheduled for next Quality Assurance Committee meeting.	

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Record review of a document titled "Record of Concern" dated 11/07/2022, revealed "Statement of Concern: Niece (Formal name of Niece) called this writer and reported reident diamnd cross necklance missing and (2) diamond clustered riengs. Niece indicated she has had the necklace on since admitting...Action Taken at Time of Concern: Reported the necklance missing to charge nurse. Room search included;searching drawers, closet, and under bed. Shower room searched. Asked staff if they had seen the cross.Hung a lost and ound note at desk w/ (with) description of cross..." The sections titled "Investigation Activity if Needed and Action Taken/Findings" were blank. The document was not signed by the Administrator or Director of Nurses (DON). There was no documentation of the resident/family notified of outcome.

The "Resident Inventory List" for Resident #1 dated 06/29/2015 revealed a diamond cross necklace and three (3) diamond rings among other gold jewelry and a watch listed on the inventory form.

Resident #2:

Interview on 02/06/23 at 12:10 PM, with the facility Licensed Social Worker (LSW) revealed there was not a formal grievance documented in the grievance logs for Resident #2's grievance from the family stating that the resident had a missing cell phone. LSW stated that the facility Administrator (ADM) would have the investigation that was completed for the missing cell phone of Res #2.

In an interview on 02/06/2023 at 12:25 PM, the facility ADM confirmed that the family of Resident

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#2 had provided a cell phone call list with calls to and from CNA #1. The ADM stated that the facility terminated CNA #1 on 01/26/23 after she had been suspended on 01/09/23, pending the investigation. The ADM provided the termination documentation for CNA #1 dated 1/26/23 that outlined the reason for termination as cell phone missing and noted to have her phone number as receiving calls from the missing cell phone. The ADM stated that calls had been made on the cell phone after the death of Resident #2 and the ADM confirmed that Resident #2 expired in the facility on 01/06/2023.The ADM also confirmed that they had not replaced any of the items stolen.

Interview on 02/06/23 at 3:45 PM, with CNA #1 revealed that she had no idea how the cell phone records of Res #2 contained her phone number, and she denied taking the cell phone of Resident #2. CNA #1 confirmed that she had an appointment to meet with the AGO on Wednesday 02/08/23 at 10:00 AM. CNA #1 confirmed that she was terminated from the facility for her phone number appearing on the cell phone records of Res #2.

Record review of the Face Sheet for Resident #2 revealed that he was admitted to the facility on 05/06/22 and expired in the facility on 01/06/23. Resident #2 had diagnoses that included Anxiety disorder and Chronic kidney disease, stage 4 (severe).

Record review of the MDS dated 1/6/23, evealed a BIMS score of 00 indicated Resident #2 was unable to participate in the BIMS interview.

Resident #5:

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Observation and interview on 02/06/23 at 3:30 PM, with Resident #5, revealed that she had $240.00 taken from her bedside table and that she had reported the money missing over a year ago. The facility had not offered to replace the money. She stated that she obtained the cash from her trust fund account and that she noticed the money was gone a couple of days after she had contacted her sister to come get the money to shop for her. Resident stated that she thought the facility should have replaced her money, especially since they were aware of her obtaining the cash from her trust fund and the facility assisted her with shopping for personal items. She was able to give an account of when her money was missing from her bedside table.

Interview on 02/07/23 at 11:30 AM, with Social Services Designee (SSD) for Resident #5 revealed that she was not aware of the actions taken by the facility to resolve Resident #5's missing money.

Interview on 02/07/23 at 5:30 PM, with the sister, who is the RR, of Resident #5 revealed that she was contacted by Resident #5 to come and get money to go purchase a refrigerator for her room and that she had gotten the money from her trust fund account.The RR was not able to come to get the money and shop for Resident #5 until several days later. The RR stated that Resident #5 reported to her at that time that someone had taken her money from her purse that was in her bedside table. The RR reported the missing money to the LSW on 1/12/23.

Record review of the Trust Fund Transaction List date ranges 1/31/22 through 2/13/23 revealed Resident #5 made multiple cash withdrawals

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F 602	Continued From page 18 ranging from $39.00 to $400.00. Record review of the Face Sheet revealed Resident #5 was admitted to the facility on 6/22/12 with diagnoses that included Pneumonia and Chronic Systolic (Congestive) Heart Failure. Record review of the MDS dated 12/14/22 revealed that Res #5 had a BIMS score of 15 which indicated that she was cognitively intact.	F 602		