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M 000	Initial Comments On February 21-23, 2022 the State Agency (SA) conducted an onsite complaint investigation for four (4) complaints, CI MS #17795 related to quality of care, and Responsible Party (RP) not notified timely of the resident's change in condition; CI MS #18294, related to quality of care, injuries of unknown origin, and (RP) not notified timely of the resident's change in condition; CI MS #18471, related to staff to resident alleged abuse; and CI MS #18509 related to infection control preventions not provided for an alleged vaccinated resident that tested positive for Covid. The SA unsubstantiated all four (4) complaints. The SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with M 500 cited for Resident Rights. On February 21, 2022, the facility was licensed for 60 beds and the facility census was 44.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 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; 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,	M 500		5/2/22

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M 500	Continued From page 1 and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his 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	M 500		

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M 500	Continued From page 2 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; 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; 7. is free from mental and physical abuse; 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; 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; 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;	M 500		

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M 500	Continued From page 3 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other 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); 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); 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); 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 16. is assured of exercising his civil and religious liberties including the right to independent	M 500		

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M 500	Continued From page 4 personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on record reviews, staff interviews, resident interviews, reviews of the resident council meeting minutes, and facility policy and procedures reviews, the facility failed to provide evidence of their responses to the resident council concerns and requests for Resident #6. Resident #6 was one (1) of eight (8) residents reviewed for the facility's response to grievances voiced by the resident council. Findings: The facility policy and procedure titled "Grievances - Residents (F-565 & F-585)" dated 03/93 with revision dates of 02/03; 06/11; 1/12; 12/16; 02/17; 04/17 read: All resident are to be encouraged and assisted (if necessary) in filing grievances to include those with respect to care and treatment, the behavior of staff and other resident's and other concerns regarding their facility stay, in the event that they have a need to make a concern known. Minutes of each Resident Council Meeting are recorded and made available to each member of the council, and a copy is maintained by the Administrator. Future meetings will indicate progress made on each suggestion/recommendation, and/or the reason (s) for rejection if changes suggested cannot be implemented. The Social Worker of Social Service Designee has been appointed by the Administrator to work with the Resident Council in obtaining services that assist the residents in	M 500	On 03/28/22, Activities Director and Social Worker were in-serviced by Administrator on documenting, reporting, and following through with resident concerns from previous resident council meetings. Activities Director was also shown by Administrator on 03/29/22 how to properly fill out "Old Business" and "New Business" on resident council forms including importance of making copies to give to each Department Head to resolve concerns timely and ensure staff are made aware of resident concerns. Money being stolen from resident was handled and reported to State, Attorney General, and Police by previous Administrator and previous Director of Nursing. State came to investigate the abuse allegation during Covid-19 Focused Emergency Preparedness Survey 03/08/21-03/16/21. Resident #6's bed was replaced by the Maintenance Director on 02/23/22 and new wheelchair was ordered on 02/23/22 by Administrator and Director of Nursing. On 02/24/22, Administrator informed every Department Head of resident concerns from Jan-2021 to March-2022. Beginning 02/25/22, residents' concerns in dietary department were addressed by Dietary Manager through in-services with dietary staff on "Meal of the Month" and meal preferences per residents' requests. Residents received "Meal of the Month" on 03/17/22 and 03/18/22. Menus are posted in front lobby area and cafeteria daily.	

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M 500	Continued From page 5 voting, marriage, divorce, executing legal documents (i.e., wills, etc.), acquiring and disposing of property, choosing to practice a religion, etc., and to receive grievances and recommendations by residents, or any group or individual designated by the resident and his/her representative. These grievances shall be directed to the appropriate Department Head and/or Administrator for investigation and follow-up. The facility policy and procedure titled "Resident Council (F-565)" dated 03/93 with revision dates of 02/03; 01/12; 02/17 read: All residents constitute the governing body of the Resident Council; all meetings are open to each resident residing in the facility. Meetings will be held on a regular basis and not less than quarterly. Staff liaison to the Resident Council will be the Social Services Designee/Social Worker or the Resident Activity Director, as approved by the group. This staff member is responsible for providing assistance and responding to written requests that result from group meetings. Other departmental staff will attend the meeting by invitation only. Meetings will at a minimum address the following: Review of minutes, Old/new Business, Open forum for questions/concerns, staff reports. The facility must consider the views of the group and act promptly upon recommendations regarding issues of resident care and life in the facility. The Grievances-Residents process shall be followed. The grievance report shall reflect the rationale of facility response. In review of the facility's policies and procedures for the facility's responses to Resident Council Meetings, the facility did not follow the guidance outlined in the policies for Resident Council	M 500	Meal choices are also offered via Dietary Manager on a routine basis to make certain likes and dislikes are being honored. Beginning 02/24/22, Administrator in-serviced nursing staff on resident complaints concerning nursing department not knocking before entering, leaving trays in rooms, not allowing residents enough time to eat meals, noises in hallways, beds not being made, and not getting baths. Beginning 03/21/22, Activities Director gave residents bath cards to inform of bath schedule. Beginning 02/24/22, Administrator met with Housekeeping, Maintenance, and Laundry to discuss and resolve resident complaints concerning lack of deep cleaning being done. Residents informed Administrator on 04/05/22 during resident council meeting that they are satisfied with current activity schedule. Administrator and Director of Nursing met with resident on 04/08/22 who complained of blanket being missing at resident council in September 2021. Resident stated on 04/08/22 to Director of Nursing and Administrator blanket was found and had no other complaints. Forty-four of 44 residents were identified on 02/24/22 by the Administrator as having the potential for lack of follow up concerns during resident council meetings. Administrator reviewed and logged all resident concerns from resident council meeting minutes from January 2021 through March 2022 and gave log of all concerns to each Department Head on	

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M 500	Continued From page 6 Meetings with responses and action taken for the voiced resident concerns. Record review of the Resident Council Meeting minutes for the past year, January 2021 through December 2021, revealed that the facility had no documented responses to the monthly voiced group concerns as evidenced by : Review of the 01/20/1921 Resident Council Meeting minutes revealed that Resident #6 and Resident #7 were two (2) of six (6) residents that attended the Resident Council Meeting in which there were concerns voiced that money had been taken from a resident. The minutes did not identify the resident that had money taken and there was no dollar amount identified in the resident council minutes of January 20, 2021. The minutes also contained dietary requests for eggs, and nursing concerns that the food trays were being left in resident rooms, and housekeeping concerns that deep cleaning was "still" not being done. The January 2021 minutes did not contain responses and follow up actions taken by the facility to resolve the residents' voiced concerns. The facility did not follow their policies and procedures for responding to the voiced concerns from the Resident Council Meeting. The review of the February 23, 2021, Resident Council Meeting minutes did not contain comments and responses to the concerns issued during the January 20, 2021, group meeting. The section of the minutes titled "Old Business" was blank as was the section of the minutes titled "New Business." The February 23, 2021, Resident Council Meeting minutes did document "Housekeeping" rooms not being deep cleaned. Resident #6 and Resident #7 were two (2) of five (5) residents that attended the February 2021 group meeting. The same housekeeping	M 500	02/24/22. Beginning 02/24/22, staff was in-serviced on resident concerns from log by each department to address complaints per their department. An in-service was begun on 02/24/22 by the Administrator with all staff on policy titled "Resident Council" with a latest revision date of 11/17 to include timely documentation of resident concerns and documentation of follow up on those concerns in minutes during resident council meetings. Beginning 02/24/22, an in-service was held with all staff by the Administrator on policy titled "Grievances-Residents," with a latest revision date of 11/17 to include documentation and follow up to resident concerns voiced during resident council meetings. The Quality Assurance Committee, which includes the Administrator, Director of Nursing, Medical Director, and Infection Preventionist, reviewed the findings of interviews, audits, and policies on "Resident Council" and "Grievances" with a revision date of 11/17 on 03/21/22 and 04/05/22 and did not recommend any changes. Beginning 02/24/22, resident council meeting minute audits and grievance audits will be conducted by the Administrator and/or Social Worker weekly for four weeks and monthly for two months to ensure resident council concerns are followed up and resolved timely. Audits will be recorded on the Medical Record Audit form and maintained by the Administrator and/or Social Worker. Beginning 02/24/22, the Medical Record Audit form documentation will also be reviewed weekly during Department Head meetings	

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M 500	Continued From page 7 concerns that the residents' rooms were not being deep cleaned were unresolved in group meeting of February 23, 2021, that had also been unresolved during the group meeting of January 20, 2021. Review of the March 24, 2021, Resident Council Meeting minutes revealed that Resident #6 and Resident #7 were in attendance and that they were two (2) of ten (10) residents that attended the March 24, 2021, group meeting. The March 24, 2021, minutes contained no documentation for "Old Business" and no "Old Business" discussions were documented. There was no evidence documented that the facility had addressed the Resident Council group concerns that were voiced in the February 23, 2021, group meeting. Resident #6 voiced to the Administrator that she would like a new chair during the March 24, 2021, group meeting. The group voiced numerous food concerns and requests during the March group meeting. Review of the April 21, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of ten (10) residents that attended the April 2021 group meeting. The April 21, 2021, group meeting contained no documentation of the facility's follow-up and/or actions taken to resolve and respond to the previous resident group concerns. There was no response documented to in the minutes of April 21, 2021, concerning Resident #6's request for a new chair that she made in March 2021. Review of the May 24, 2021, Resident Council Meeting minutes revealed that Resident #7 was one (1) of eight (8) residents that attended the group meeting. There were no responses and or resolutions documented in the May 2021 minutes	M 500	to ensure that resident concerns are being heard and resolved timely. Beginning 03/21/22, the Quality Assurance Committee will address concerns and/or review findings of the audits monthly for three months. Quality Assurance Committee will make any recommendations or changes as needed during monthly meetings until resolved. The corrective action will be completed on 05/02/22.	

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of the facility's action taken to address the previous voiced resident group concerns. The residents voiced in the May 24, 2021, group meeting that the beds were not being made by the Certified Nursing Assistance's (CNA's); and that the residents were not gotten up and out of bed before 10:00 A.M.

Review of the June 23, 2021, Resident Council Meeting minutes revealed that Resident #6 and Resident #7 were two (2) of ten (10) residents that attended the group meeting. The residents voiced concerns about the food, not getting baths, noise in the hallways, beds not being made, not enough activities and no social worker. The facility did not document what had been done to address the previous group concerns. The minutes contained previously voiced concerns that were on-going and had been documented each month in the Resident Council Meeting minutes.

Review of the July 12, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of 12 residents that attended the July group meeting. Previous voiced concerns with food, noise in the hallways, activities, beds not being made and hollering up and down the hall. The same group issues remained unresolved and un-responded to by the facility in the July 12, 2021, group meeting.

Review of the August 25, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of 14 residents that attended the group meeting in August 2021. Resident #6 reported that she was not gotten up before 10:00 A.M. Some of the ongoing voiced concerns that had been documented in prior group meeting were reported by the group such as: noise in the

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hallways, food, no weekend activities, want more games, and want more snacks. There were no responses to the group concerns documented in the group minutes for August 2021 and/or for the previous voiced group concerns.

Review of the September 28, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of ten (10) residents that attended the group meeting in September. The minutes contained voiced concerns about the food, want more activities and board games, CNAs in hallways being loud at night, trays being left in the rooms, and want more snacks. The facility did not document the resolutions to previous voiced group concerns and did not document any responses to the voiced requests of the resident group.

Review of the October 21, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of ten (10) residents that attended the group meeting. The residents voiced concerns about not having Sunday activities and not having Church services, food trays left in rooms, noise in the hallways, residents requested more board games, and one resident reported a blanket with her name on it was missing. The October 2021 group meeting did not contain documentation of responses to the voiced resident concerns. Previously voiced group concerns were voiced in the October 2021 group meeting with no facility resolutions and responses documented.

Review of the November 3, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of three (3) residents that attended the group meeting. Residents voiced in the group meeting that there was noise in their

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hallways at night, food trays were left in the rooms all day, snack cart doesn't come to the rooms on the 200 hall, food concerns, and want more activities on the weekends and want more outside of facility activities. There were no facility responses documented in the group minutes for November 3, 2021, and the voiced group concerns were the same as from previous group meetings with no facility response to the resident group.

Review of the November 16, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two (2) of ten (10) residents that attended the group meeting. The group voiced that there was noise in the hallways, not knocking on room doors, food concerns, not enough meat servings with meals, and one (1) resident needed a new chair. The facility did not document in the minutes the facility resolutions and/or responses to the November 16, 2021, voiced group concerns.

Review of December 9, 2021, Resident Council Meeting minutes revealed that Residents #6 and #7 were two of the 17 resident that attended the group meeting. The resident's voiced concerns were Sunday activities, residents ar3e not being allowed enough time to finish their food before the aides take up the trays, residents are not aware of who the new administrator is and they think that she should walk around and introduce herself, food requests, and residents made suggestions of several activities that they would like to see in the facility. There was no facility documented responses to the residents group concerns and requests and no resolutions were documented by the facility for the previously issued group concerns.

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M 500	Continued From page 11 In an interview on 2/21/2021 at 2:50 P.M. with the facility administrator, ADM, she confirmed that she had been newly licensed as an Administrator (ADM) and had begun her first job as an ADM on 11/2/2021 at the facility. Interview on 2/21/22 at 4:10 P.M. with the Activities Director (AD) revealed that she had been newly employed as the AD and that she had just completed the BIMS scores on all 44 of the residents in the facility. The AD presented the SA with a copy of the BIMS scores for all 44 residents. The AD stated that they had on Friday 2/18/22 met with the resident council and had elected a new resident council president, (Res #5) a new recording secretary, (Res #6) and had elected a new vice president (Res #7). The AD stated that she had no idea what the prior AD had done in relation to the resident council meeting minutes. The AD stated that she would make sure that all the concerns and requests that the residents had in Resident Council Meeting would be responded to and attempts would be made toward resolution and response. The AD confirmed that Res #6 and Res #7 had no cognitive deficits and were interviewable residents. Interview on 2/22/22 at 12:00 P.M. with the Dietary Manager (DM) revealed that she had never been given the Resident Council Meeting food concerns and she had never been to a Resident Council Meeting to speak with the residents about their food concerns. The DM stated that the residents did not want her at the Resident Council Meetings. The DM stated that the cooperate office provided the menus to the	M 500		

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(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) COMPLETE DATE
M 500	Continued From page 12	M 500		

facility. The DM stated that she was given a tight budget for the food purchases and that it was hard to provide quality choices in foods on such a tight budget.

Interview and observation on 2/22/22 at 1:30 P.M. with the new resident council president (Res #5) revealed that he had never attended a resident council meeting since he had been in the facility. Res #5 stated that he had been admitted to the facility in May of 2021. Res #5 stated that he had had a stroke and was not able to care for himself alone. Res #5 had good eye contact and was appropriately dressed in season appropriate clothes. Res #5 was pleasant in mood and had good command of language and his affect was pleasant. Res #5 was very interviewable and engaging in conversation. Res #5 stated that he felt that the facility did not let him know what was going on in the facility with things like menu changes and foods that would be served in the dining room. Resident #5 also stated that he had been placed on the Covid isolation unit when he was positive with Covid 19. He stated that when he would ask for information and wanted to know what to expect the facility did not answer his questions and did not communicate with him. Res #5 stated that today (2/22/22) was the first time since his admission to the facility in May of 2021, that he had received a menu for the foods that would be served. Res #5 wanted the daily menu to be posted in an area of the dining room where they have meals that could be reviewed by the residents. Res #5 stated that he used to be a tennis pro and ran tennis camps across the State. Res #5 stated that he liked to go outside and get fresh air, but the facility had not allowed him to go outside and sit on the patio with the group that smokes, because he was not a smoker, he felt that he did not get the same privileges as the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	76WC	A. BUILDING: _____ B. WING _____	C 02/23/2022

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M 500	Continued From page 13	M 500		

smokers. Res #5 gave permission to the SA to relay his concerns to the facility.

Record review of Resident #5's Minimum Data Set (MDS) section C dated 02/02/22 revealed that Resident #5 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated that he had no cognitive deficits. Record review of Res #5's face sheet revealed that Resident #5 was admitted to the facility on 05/04/2021 and had a date of birth of 08/29/2957.

Interview and Observation on 2/22/22 at 2:00 P.M. with Res #6 revealed that she was sitting in a wheelchair in her private room alone watching television. Res #6 stated that she had reported in resident council meetings that she needed a new wheelchair because her chair was hard to roll. Res #6 stated that this had been the case for several months and her chair had not been replaced. Res #6 stated that the previous ADM had told her that the facility had no money in the budget to replace her wheelchair. Res #6 stated that her wheelchair was too small and would not roll and that it was very hard to push. Res #6 also had a broken remote control on her automatic bed that was broken, and the bed would not let down and up and the wheels on the bed would not lock. Resident #6 stated that she had reported the broken bed to the facility's Director of Maintenance, and he had told her that he would have to order a part to repair the remote control. Resident #6 stated that her bed had been broken for several weeks. Resident #6 stated that the facility had not resolved her concerns from the resident council meeting. Res #6 gave permission to rely on her concerns to the facility.

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M 500	Continued From page 14 Record review of Res #6's face sheet revealed that Res #6 had been admitted to the facility on 12/24/2014 and had a date of birth of 05/30/1940. Res #6's MDS dated 02/16/2022 contained a BIMS score of 13 indicating that Res #6 had mild cognitive impairment. Interview on 2/22/22 at 2:15 P.M. with the Director of Maintenance, revealed that he was told, by Res #6 that her bed was broken, and he stated that he would have to order a new part for the remote control. SA asked the Maintenance Director for a copy of the invoice of the part ordered and when would it be repaired. The Maintenance Director confirmed that he had no invoice. He stated that he would have to see if he could order the part. Interview on 2/22/22 at 2:30 with the DON and ADM revealed that Res #5 had not mentioned any concerns and that they had seen Res #5 out on the patio with the smoking residents several times per day sitting in the fresh air. DON stated that she would talk to Res #5 and find out his concerns. Neither the ADM nor the DON were aware of Res #5's concerns. ADM stated that they started today, 2/22/22, giving the residents a daily menu of the meals to be served. The DON will talk to Res #5. DON stated that she will have Res #6's bed repaired, DON did not know that Res #6's bed was broken. The DON stated that she would have a new wheelchair fitted and ordered for Res #6. The ADM and the DON assured the SA that the concerns of Res #5 and Res #6 would be resolved. Interview on 2/23/22 at 11:00 A.M. with Resident	M 500		

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M 500	Continued From page 15 #6 revealed that the facility had been to her room and had begun to switch the bed out for another bed in the facility that was working properly and that was not occupied. Res #6 stated that she was very much looking forward to her new wheelchair and that the DON had come to talk to her about the ordering of a new wheelchair. Interview on 2/23/22 at 11:15 A.M. with Res #5 revealed that he had been told that he could go outside any time with the group of smokers and/or with the staff. Res #5 stated that the facility had followed up on his requests for menus.	M 500		