MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CI), MS #26950, CI MS #26876 and CI MS #26817 at the facility from 11/14/24 through 11/18/24. CI MS #26950 for Resident Abuse, Resident Neglect, Accidents and Quality of Care/Treatment related to resident left wet for extended period. CI MS #26876 for Resident Rights related to billing and Misappropriation of Property/Misuse of resident Personal Funds by the facility. CI MS #26817 for Quality of care/Treatment, Resident Neglect, transfer Rights and Nursing Services. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements related to CI MS #26876 and cited M500.	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, and of related charges including any charges for services covered by the facility's basic per diem rate;	M 500		12/20/24

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M 500	Continued From page 1 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 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,	M 500		

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M 500	Continued From page 2	M 500		

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;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

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M 500	Continued From page 3 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 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:	M 500		

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M 500	Continued From page 4 Level II Based on interviews, record review, and facility policy review, the facility failed to ensure residents were free from misappropriation of funds for one (1) of four (4) residents reviewed (Resident #3), with the potential to affect 53 residents who have a resident trust fund. Findings included: Review of the facility policy titled, "Freedom from Abuse, Neglect and/or Exploitation Prevention Plan - Education," revised 8/23/17, revealed "The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation by anyone, including, but not limited to, facility staff... Misappropriation of resident property - Deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent ..." On 11/04/2024 at 1:46 PM, during a telephone interview, the Resident Representative (RR) for Resident #3 reported that the current facility Business Office Manager (BOM) contacted her regarding her mother's funds, specifically money earmarked for funeral expenses. She stated she met with the facility's former Administrator in September 2024 to review Resident #3's trust fund account and identified a Withdrawal Receipt dated 04/23/2024 for $650.00 for clothing. She stated that she had told the former Administrator that the signature on the receipt was forged. The RR also reported being unaware of withdrawals from the resident's account that depleted funds she had been told were earmarked for funeral expenses. She stated her mother did not possess the cognitive ability to manage cash responsibly.	M 500	It was found by the State Agency (SA) that the facility failed to ensure residents were free from misappropriation of funds for 1 (one) of four (4) residents reviewed (resident #3), with the potential to affect 53 residents who have a resident trust fund. All residents that have a resident trust fund have the potential to be affected. On 11/15/2024 a comprehensive audit was completed on the resident trust fund account by the Administrator and Regional Director of Operations (RDO) with no abnormal findings. The Business Office Manager (BOM) and the Administrator were directly in-serviced by the Regional Director of Operations on 11/18/2024 Resident Rights. On 11/18/2024 the Regional Director of Operations directly in-serviced the Business office manager and the Administrator on Freedom from Abuse, Neglect, misappropriation and/or Exploitation Prevention Plan. The Quality Assurance Performance Improvement Team (QAPI) met on 11/18/2024 and discussed policy and procedures related to resident rights with no revisions needs. Effective 11/18/2024 the Business office manager will send out monthly statements to all residents and responsible parties showing current balance and transactions with proof of purchase and signature sheet for 4 months ending 4/01/2025. Effective 11/18/2024 the Business office manager will be present in all quarterly care plan meetings with residents who hold a resident trust fund and will hand deliver a quarterly statement to the resident and/or responsible party. Any adverse findings will be addressed immediately to the	

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M 500	Continued From page 5 The RR also added that she, nor any family member had received any cash from the resident and that the resident's family bought all of Resident #3's clothes and did not receive gifts from the resident. A record review of the Resident Fund Management System (RFMS) Resident Statement and Resident Trust Fund Disbursement (RTFD) Slips and Withdrawal Receipts for Resident #3 revealed the following discrepancies: a debit dated 01/9/2024 described as "Resident Advance Cash" for $500.00 with no correlating slips or receipts, a debit dated 02/26/2023 described as "Gift Shop" for $500.00 with no correlating slips or receipts, a debit dated 02/27/2024 described as "Resident Advance Cash" for $150.00 with no correlating slips or receipts, a RTFD Slip dated 10/09/2023 described as "cash for clothing for winter per RP (Responsible Party) and daughter" for $175.00 signed by Registered Nurse (RN) #1 as witness (later denied by RN #1), and a Withdrawal Receipt dated 04/23/2024 described as "Clothing" for $650.00 signed by the Transportation Aide and Resident #3's RR (later denied by the Transportation Aide and RR). On 11/14/2024 at 2:07 PM, during a telephone interview, the former Administrator stated that a Medicaid audit revealed over $3,000 earmarked for funeral expenses was missing from Resident #3's trust fund. The RR informed him that some receipts had her name on them, but she had not signed them. On 11/18/2024 at 12:05 PM, during an interview, RN #1 denied signing the RTFD Slip dated 10/09/2023 for $175.00, noting her name was misspelled on the slip.	M 500	Business office manager, the Administrator, the resident and/or the Responsible Party. All adverse findings will be discussed monthly in the Quality Assurance Performance Improvement meeting beginning 12/9/2024 and then continue indefinitely.	

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M 500	Continued From page 6 On 11/18/2024 at 4:42 PM, during a telephone interview, the former BOM admitted she had limited training regarding management of resident trust fund accounts. She stated her normal procedure involved having residents sign slips or receipts for fund withdrawals and providing cash in the presence of a witness. However, she also admitted to disbursing cash to Resident #3 without witnesses, despite knowing the resident was cognitively impaired. She acknowledged using the resident's funds to purchase items online via her personal "Online Vendor" account and confirmed there were no receipts in the RFMS folder to substantiate purchases. On 11/20/2024 at 5:15 PM, during a telephone interview, the RR for Resident #3 stated there had been no discussion in October 2023, or any other time about using the resident's funds to purchase a wheelchair. A record review of Resident #3's "Admission Record" revealed the facility admitted the resident on 07/20/2022. The resident had diagnoses that included Diabetes, Dementia, and Disorientation. A record review of Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/2024 revealed a Brief Interview for Mental Status (BIMS) score of three (3), which indicated severe cognitive impairment. A record review of Resident #3's Quarterly MDS with an ARD of 05/31/2024 revealed a BIMS score of four (4), which indicated severe cognitive impairment. A record review of Resident #3's Quarterly MDS	M 500		

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M 500	Continued From page 7 with an ARD of 03/02/2024 revealed a BIMS score of five (5), which indicated severe cognitive impairment.	M 500		