STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255329	A. BUILDING _____ B. WING _____	C 01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CO NH	1421-A EAST PEACE STREET CANTON, MS 39046

(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 602 SS=D	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 observation, staff interview, record review and facility policy review the facility failed to prevent the misappropriation of medication for one (1) of eighteen residents sampled. Resident #79 Findings include: Record review of facility policy titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program", undated, revealed, "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, any physical or chemical restraint not required to treat the resident's symptoms". The policy also revealed, "The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: ....1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: a. facility staff ...e. staff from other agencies. 2. Develop and implement policies and protocols to prevent and	F 602	A. Resident #79 was in the hospital at the time of the medication incident. The medication was replaced at facility expense. The resident was never without the medication. Licensed Practical Nurse #6 was banned from the facility by the Director of Nurses on 01/02/23 and the DON notified the MS State Dept. of Health, MS Attorney General's Office, MS State Board of Pharmacy, MS State Board of Nurses and the Canton Police Department. B. All residents had the potential to be affected by the deficient practice. C. A narcotic card count was completed for all residents with no adverse findings on 01/05/23. The pharmacy consultant inserviced all active nurses on the proper handling of narcotics on 01/11/23. The agency orientation checklist was updated on 01/12/23 by the Director of Nursing to include controlled substance storage policy and procedure. D. The Director of Nursing/Quality Assurance Nurse will check the narcotic card count on all carts weekly beginning 01/30/23 for no less than three months to	2/21/23

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

Electronically Signed | 02/10/2023

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F 602	Continued From page 1 identify: a. abuse or mistreatment of residents; b. neglect of residents; and/or c. theft, exploitation or misappropriation of resident property." An interview with the Director of Nursing (DON) on 1/24/23 at 3:00 PM, revealed a drug diversion occurred at the facility on 12/31/22, and through their investigation, it was determined that an agency nurse, Licensed Practical Nurse (LPN) #6, was the one that diverted the drugs. She stated LPN #6 signed out a narcotic card on the narcotic card count log and decreased the number by one on the card log, but did not put the resident information on the card. This made the numbers of narcotic cards and sheets on the medicine cart match the number on the card log, and it was not detected until the next day on 1/1/23, when Registered Nurse (RN) #2 noticed that the card count log was not filled out properly or completely and she notified the DON. A phone interview with RN #2 on 1/26/23 at 9:50 AM, revealed she worked on Saturday 12/31/23 and counted at 7 AM with the nurse leaving and the card count was 30 at that time. She stated LPN #6 came into work approximately 8:30 AM, so she counted with her and handed the keys and cart to her for her shift and at that time the card count and paper log remained at 30. She stated on Sunday morning at 7 AM she came in to work and she counted with the nurse going home and the card count and the paper log were both 29. She stated she realized shortly after that the card count log count was correct, but it was not filled out completely with the resident's name and medication that was removed from the cart. She stated the only information present was the date of 12/31/22 and the count of 29 and the signature of LPN #6. Stated at that point they tried to	F 602	ensure compliance is achieved. Any findings will be reported to the Quality Assurance and Performance Improvement Committee beginning 02/21/23 for resolution.	

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F 602	Continued From page 2	F 602		

locate the medication and sheet and she contacted the DON to inform her of this incident. She stated all medication carts were checked and the card of medication and sheet could not be located.

An interview with the DON on 1/26/23 at 2:30 PM, revealed the drug diversion at the facility occurred and she confirmed the facility failed to prevent the misappropriation of a resident's medication.

Record review of Resident #79's Face Sheet revealed she was admitted to the facility on 2/10/22, with diagnoses of Adjustment Disorder with Mixed Anxiety and Depressed Mood, Dementia, Major Depressive Disorder, Opioid Dependence with unspecified Opioid Induced Disorder.

Record review of Physician Orders revealed an order dated 11/22/22 for Hydrocodone-Acetaminophen 10-325 milligrams (mg), give one tablet by mouth three (3) times a day every eight (8) hours for pain.

Record review of the Minimum Data Set with an Assessment Reference Date of 11/8/22 revealed a Brief Interview for Mental Status score of nine (9) which indicated moderate cognitive impairment.