

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Tylertown		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Medical Circle Tylertown, MS 39667	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>48669</p> <p>Based on interviews, record review, policy review, and facility investigation, the facility failed to ensure residents were free from misappropriation of funds for nine (9) of 30 residents who have a resident trust fund. (Residents #2, #5, #7, #12, #13, #25, #28, #32, and #33)</p> <p>Findings include:</p> <p>A review of the facility policy titled, Resident Trust, dated 9/20/17, revealed Purpose . To maintain a Resident Trust Account, for the safekeeping of a resident's personal money, if requested to do so . Policy Statement . Each Center shall have standardized policies for the handling of resident trust accounts . Monitoring systems shall be in place to ensure funds are handled in accordance with applicable state regulations .</p> <p>A review of the facility policy titles, Abuse, Neglect, Misappropriation, Exploitation Policy, dated January 2019 revealed, Purpose: To prohibit and prevent abuse, neglect, exploitation, misappropriation of resident property and to ensure reporting and investigation of alleged violations . in accordance with Federal and State Laws . Misappropriation of Resident Property: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the residents consent . Investigation: . The Administrator, or designee will oversee the center in conducting an internal investigation against any violation/alleged violation of .misappropriation of resident property . Reporting/Response: . Immediately reporting all alleged violation to the . state agency .and all other required agencies (e.g. law enforcement when applicable) within specified timeframes .</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Tylertown		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Medical Circle Tylertown, MS 39667	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's investigation regarding misappropriation of resident funds submitted to the State Agency (SA) on 6/27/24, revealed that through routine reconciliation of trust accounts, suspicious activity was discovered related to receipts and resident signatures. The facility investigation detailed the actions of the facility regarding securing resident funds and a detailed audit was conducted. Through investigation, the facility identified multiple receipts, involving a total of nine (9) residents in which receipts involving cash withdrawals from the resident's trust accounts that indicated fraudulent activity on behalf of the Business Office Manager (BOM). Although the BOM denied mishandling the resident's money, she was suspended, and subsequently resigned her position, as a detailed audit was conducted. During the investigation, any suspicious activity involving cash withdrawal receipts were discussed with the residents and the facility's suspicions were confirmed. Some of the residents were unable to remember getting money from their account, however, others were able to confirm that the signatures on the cash receipts were not their signatures. The facility replaced money to the residents for any discrepancies that were identified and the investigation reported that no residents suffered a negative outcome.</p> <p>On 9/4/24 at 10:01 AM, in an interview with the Administrator, she confirmed the details of the investigation regarding misappropriations of resident funds submitted on 6/27/24 were accurate.</p> <p>On 9/4/25 at 12:19 PM, in an interview with Regional Business Office Consultant (RBOC), he explained that he usually does an audit of the trust fund twice a year. During his June audit, he noticed some discrepancies with the receipts in the trust fund. When asking the BOM at the time, she revealed she was putting numbers in to make sure everything in the system matched, although she knew that, in all actuality, nothing was balanced. She surprised him, so he pulled out the monthly reconciliation form for these transactions to get more information because the administrator's signature should prove that everything matched that month. When checking the form and asking the administrator why she signed the reconciliation without acknowledging the accuracy of the money, the Administrator replied, That is not my signature. He and the Administrator then realized that fraudulent activity may have occurred, prompting them to investigate further. It became clear that a thorough audit of the financial records was necessary to uncover the extent of the discrepancies and ensure accountability moving forward. So, they pulled the receipts and went to talk with residents whose names were on some of the receipts. During their interview with the residents, some indicated they could not remember, blatantly denied signing, or stated that it was not their signature.</p> <p>During a phone interview with the Business Office Manager (BOM) at 9:41 AM on 9/5/24, she confirmed that she resigned in June 2024, after being accused of mishandling funds from the trust fund accounts of the residents. She noted that this happened during a corporate BOM audit, where they discovered discrepancies in the finances and receipts. The BOM says that she was aware of the accounts not balancing, but she was able to find a solution by inputting the necessary numbers to make it seem balanced, despite the lack of cash. She explains that in such cases, she would adjust the numbers to ensure the accounts were balanced, even if the actual money did not align.</p> <p>Resident #33</p> <p>A record review of the facility investigation revealed that Resident #33 confirmed the signature of a receipt dated 5/10/24 for \$20.00 was indeed her signature, but denied having received any money within the past two (2) years.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Tylertown		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Medical Circle Tylertown, MS 39667	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Manual Check Request, provided by the facility was dated 6/26/24, and payable to Resident #33 for misappropriation, in the amount of \$20.00.</p> <p>On 9/3/24 at 12:04 PM, in an interview, Resident #33 stated she remembers something about money being put back in her account, but does not know all the details.</p> <p>A record review of the Admission Record for Resident #33 revealed the facility admitted the resident on 1/17/22. The resident's diagnoses included Heart failure.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/18/24 revealed Resident #33 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p> <p>Resident #28</p> <p>A record review of the facility investigation revealed that Resident #28 denied the signature on the receipts dated 1/3/24 for \$40.00, 2/2/24 for \$50.00, 3/1/24 for \$40.00, 4/5/24 for \$50.00, and 5/6/24 for \$40.00, totaling \$220 belonged to him. The resident confirmed although there was a receipt, he did not receive the money.</p> <p>A record review of the Manual Check Request, provided by the facility was dated 6/26/24, and payable to Resident #28 for misappropriation, in the amount of \$220.00.</p> <p>On 9/4/24 at 8:36 AM in an interview with Resident #28, the resident stated he was not sure if someone told him about money or not.</p> <p>A record review of the Admission Record revealed the resident was admitted by the facility on 3/13/19, with diagnoses that included Peripheral Vascular Disease.</p> <p>A record review of Resident #28's Quarterly MDS with an ARD of 8/8/24 revealed a BIMS score of 7, which indicated the resident had moderate cognitive impairment.</p> <p>Resident # 32</p> <p>A record review of the facility investigation revealed that Resident #32 stated that she did not receive the cash as detailed in the receipts dated 3/25/24 for \$100.00, 4/5/24 for \$60.00, 4/24/24 for \$50.00, and 5/10/24 for \$40.00, totaling \$250.00. Additionally, the investigation revealed the receipts were marked with an X and according to the Administrator and RBOC, the resident was not physically able to sign with an X.</p> <p>A record review of the Manual Check Request, provided by the facility was dated 6/26/24, and payable to Resident #32 for misappropriation, in the amount of \$250.00.</p> <p>On 9/5/24 at 1:10 PM, in an interview Resident #32 stated that she did not remember anything about money taken from her account.</p> <p>A record review of the Admission Record of resident #32 revealed the facility admitted the resident on 9/14/22. The resident's diagnoses included Anoxic Brain Damage.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Tylertown		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Medical Circle Tylertown, MS 39667	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Quarterly MDS with an ARD of 6/3/24 revealed Resident #32 had BIMS score of 10, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #25</p> <p>A record review of the facility investigation revealed that Resident #25 confirmed the signature on two (2) receipts totaling \$50 was not her signature and she did not receive any money. The receipts were dated 3/29/24 for \$10.00 and 4/5/24 for \$40.00.</p> <p>A record review of the Manual Check Request, provided by the facility was dated 6/26/24, and payable to Resident #25 for misappropriation, in the amount of \$50.00.</p> <p>On 9/5/24 at 1:14 PM, in an interview with Resident #25, the resident stated that she did not remember anything about money.</p> <p>A record review of the Admission Record for Resident #25 revealed the facility admitted the resident on 8/2/17, with diagnoses that included Schizophrenia.</p> <p>A record review of the Resident 25's Comprehensive MDS with an ARD of 8/18/24 revealed a BIMS score of 10, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #12</p> <p>A record review of the facility investigation revealed that Resident #12 confirmed the signature on two (2) receipts totaling \$80 was not his signature and she denied receiving any cash. The receipts were dated 3/29/24 for \$40.00 and 4/4/24 for \$40.00.</p> <p>A record review of the Manual Check Request, provided by the facility was dated 6/26/24, and payable to Resident #12 for misappropriation, in the amount of \$80.00.</p> <p>On 9/5/24 at 1:18 PM in an interview with Resident #12, stated he recalled someone coming to talk with him about being refunded money, but he did not remember the details.</p> <p>A record review of the Admission Record for Resident #12 revealed the resident was admitted by the facility on 7/10/23. The resident's diagnoses included Traumatic Brain Injury.</p> <p>A record review of the MDS with an ARD of 7/11/24, revealed a BIMS score of 14, which indicated the resident was cognitively intact.</p> <p>In addition to the above interviews, the facility investigation revealed that there were an additional five (5) residents involved in the misappropriation of resident funds. The residents and the facility finds were as follows:</p> <p>1) Resident #2 denied a signature on a receipt dated 4/24/24 for \$50 belonged to her. She stated she had never gotten any cash. As a result of this interview, the facility provided a copy of the Manual Check Request, dated 6/24/24, and payable to Resident #2 for misappropriation, in the amount of \$50.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Tylertown		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Medical Circle Tylertown, MS 39667	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2) Resident #7 confirmed that the signature on the receipt dated 3/29/24 for \$40.00 was not her signature and she did not receive any cash. As a result of this interview, the facility provided a copy of the Manual Check Request, dated 6/24/24, and payable to Resident #7 for misappropriation, in the amount of \$40.</p> <p>3) Resident #5 denied the signatures on the receipts totaling \$140.00. The resident also denied receiving the cash. As a result of this interview, the facility provided a copy of the Manual Check Request, dated 6/24/24, and payable to Resident #5 for misappropriation, in the amount of \$80. On 9/9/24, the SA contacted the Administrator for clarification, as the facility investigation revealed a total of \$140.00 on the receipts. The Administrator responded with an email that stated that there was a typing error on the investigation and the amount that had been misappropriated had actually been \$80.00.</p> <p>4) Resident #13 denied ever receiving cash for a receipt dated 4/24/24 in the amount of \$50. As a result of the interview, the facility provided a copy of the Manual Check Request, dated 6/24/24, and payable to Resident # 13 for misappropriation, in the amount of \$50.</p>		