

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Starkville Manor Health Care and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Hospital Road Starkville, MS 39759	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on resident and staff interviews and facility policy review, the facility failed to ensure a resident's personal funds were available for use on the same day as requested for two (2) of five (5) residents reviewed for personal funds. Resident #2 and Resident #3</p> <p>Findings include:</p> <p>Record review of facility policy titled, Resident Trust Fund - Cash Disbursements, with revision date of 2/6/24, revealed, Cash disbursements from the Resident Trust Fund petty cash box will be disbursed in accordance with state and federal regulations. The policy also revealed, Procedure: Upon request of a Medicare/HMO/Other Payer/Private resident: Must provide up to \$100 on the same day requested; Over \$100, must be provided within 3 business days; The resident must sign the withdrawal receipt at the time of disbursement, not the request. Upon request of a Medicaid resident: Must provide up to \$70 on the same day requested; Over \$70, must be provided within 3 banking days; The resident must sign the withdrawal sheet at the time of disbursement, not the request. Note: If the Business Office Manager is not in the Center, the Executive Director should be made aware of the request and ensure that the request is processed timely.</p> <p>During an interview on 7/1/24 at 2:15 PM, Resident #3 revealed there had been several times he was unable to get his money from the front office due to the facility not having enough money available. He revealed his check would be available on 7/3/24 and he had plans for 7/4/24 and he was already concerned that his funds would not be available when he asks for them on 7/3/24.</p> <p>During an interview on 7/1/24 at 2:18 PM, Resident #2 revealed he had asked for his money on several occasions, and it was not given to him on that day. He stated he had been told that the facility ran out of money and he would have to wait until the next day. Resident #2 stated he tells the Business Office Manager when he needs money and it is usually about \$25 every 2-3 weeks and the Receptionist will deliver the money, but sometimes it is not till the next few days.</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
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Business Office Manager on 7/1/24 at 3:40 PM, revealed the facility kept \$750 in a locked box for the residents to have access to their money. She stated if the amount requested by the resident was less than \$50, the money would be given at that time, but if over \$50 was requested, the facility would need to know in advance so they could obtain the funds. She revealed there were times, especially at the first part of the month when the residents' checks came in and many residents requested their money, that there were times when the facility did not have enough money available for all the residents requesting their money and those residents had to wait until the next day to obtain their funds.</p> <p>During an interview on 7/1/24 at 3:45 PM, the Receptionist stated the residents requested their money from her. She revealed the facility had \$750 each day to provide the residents who requested money. She acknowledged she had been in this position since 5/20/24 and there had been several times that the \$750 was given out and other residents still wanted their money, but they had to wait until the next day to get theirs.</p> <p>An interview with the Social Worker on 7/2/24 at 8:20 AM, revealed she was one of the staff members who served as a witness and verified the amount of money obtained by each resident. She stated there had been multiple times that money was not available for each resident that was requesting it and those residents had to wait until the next day to receive their money.</p> <p>During an interview on 7/2/24 at 10:00 AM, the Administrator acknowledged there were times when the facility did not have enough money available for each resident who requested their money and they had to wait until the next day to receive their money. She confirmed amounts below \$50 should be available the day of request, but larger amounts would take three (3) days to receive. She confirmed the facility failed to keep an adequate amount of money for the residents' use available and it was their right to have their money available. She confirmed this was the residents' money and needed to be available on request as the regulations require.</p> <p>Record review of Resident #2's Admission Record revealed the resident was admitted to the facility on [DATE].</p> <p>Record review of Resident #2's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>Record review of Resident #3's Admission Record revealed resident was admitted to the facility on [DATE].</p> <p>Record review of Resident #3's MDS with ARD of 5/7/24, revealed a BIMS score of 15 which indicated the resident was cognitively intact.</p>		