

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Longwood Comm Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Long Street Booneville, MS 38829	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on observation of a social media post, staff and resident interviews, record review, and facility policy review, the facility failed to provide care for a resident in a manner that maintained the resident's dignity. A picture of Resident #1 was posted to the facility's social media account which portrayed the resident in an undignified manner for one (1) of four (4) residents sampled. Resident #1</p> <p>Findings include:</p> <p>Record review of facility policy titled, Resident Rights dated 7/24/23, revealed, Employees shall treat all residents with kindness, respect, and dignity . 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity .</p> <p>Record review of facility policy titled, Dignity dated 7/24/23, revealed, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem . Residents are treated with dignity and respect at all times.</p> <p>Observation and review of the social media page for the nursing facility with the date posted as 1/10/25, revealed Resident #1 sitting in her wheelchair holding a cup of ice cream. She was dressed in a blue, long-sleeved shirt and peach colored pants. The resident was wet between her mid thighs and on her right leg. The resident's lower abdominal and groin area appeared to be wet with clear fluid and the wetness extended to her knees and appeared dark in color.</p> <p>During an interview with the resident on 3/19/25 at 12:30 PM, Resident #1 stated she did not use the toilet often, had accidents, and wore briefs that were changed by the staff frequently.</p> <p>During an interview on 3/19/25 at 12:45 PM, the Administrator stated the Activity Director had taken the pictures during activities and other events and had posted these on the facility's social media page. She stated it was the facility's responsibility to ensure each resident's rights, including being treated with dignity and respect, were honored. During our interview, she reviewed the social media post dated 1/10/25 of Resident #1 and confirmed that the picture of Resident #1 was a resident rights concern and should have been monitored more closely prior to being posted.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview with the Administrator, the Director of Nursing (DON) came into the Administrator's office at 12:48 PM on 3/19/25 and confirmed that the picture on social media of the resident violated the resident's rights. She confirmed the facility failed to ensure that the rights of Resident #1 were not violated before the picture was posted to social media.</p> <p>Review of Resident #1's Admission Record revealed the facility admitted Resident #1 on 3/24/23 with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD) and Alzheimer's Disease.</p> <p>Record review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 8 which indicated the resident had moderate cognitive impairment.</p>		