STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255271	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Community Living Ctr	323 Industrial Park Drive Liberty, MS 39645

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 47873 Based on record review and interviews, the facility failed to provide safe, functional transportation that ensured a reasonably comfortable environment for residents during transport for one (1) of 21 sampled residents. Resident #52 Findings Include: During an interview on 08/19/24 at 11:14 AM, Resident #52 revealed that on 08/12/2024, he was transported two hours away from the facility in a transport van that did not have functioning air conditioning. He stated that during the morning transport, it was hot and stuffy, but not as bad as the afternoon ride back to the facility. He described the van as having no real windows in the back that could open, only two small vents that did not allow much air to circulate, making the trip very uncomfortable. As a quadriplegic, he was unable to fan himself, which added to his discomfort. He stated that on the ride home in the afternoon, the van was very hot, and he became very sweaty and lightheaded. He contacted his mother via video call, who noticed he was sweaty. Resident #52 told her he felt hot and weak. She advised the bus driver to pull over and give him some water that she had given him during the appointment. Resident #52 expressed that he felt the situation was handled improperly on the part of the Administrator, as no apology or explanation had been provided. A record review of the www.weatherunderground.com historical weather revealed the high temperature for 8/12/24 was 95 degrees. An interview with the transportation driver on 08/20/24 at 1:10 PM, revealed that the facility's transportation van had been without functioning air conditioning from 08/08/2024 through 08/13/2024. She stated that she informed the Administrator on 08/08/24 about the air conditioning issue but was instructed to continue transporting residents to their appointments, including Resident #52's appointment almost two hours away from the facility on 08/12/2024. She confirmed that during the return trip, the resident appeared hot and flushed, and she reported this to the nursing staff upon returning to the facility. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255271	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Community Living Ctr	323 Industrial Park Drive Liberty, MS 39645

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/20/24 at 01:30 PM, Resident #52's family member revealed that she met her son at his appointment on 08/12/2024 and noticed that he was hot and sweaty. The driver informed her that the air conditioning in the van was out, but she had been told to transport the resident to his appointment regardless. During the ride home, her son called her and stated that he was hot, and she noticed he was sweaty during the video call. She asked the driver to pull over and give her son some water that she had left with him. She reported the incident to the Ombudsman and the nursing home Administrator. In an interview with the Licensed Nursing Home Administrator (LNHA) on 08/21/24 at 11:14 AM, it was revealed that on the day of the incident, most of the administrative nurses, including himself, were out of the building for training sessions. He stated that he did not recall whether he had prior knowledge of the air conditioning issue but did receive a phone call on 08/12/2024 about it. He instructed the transportation driver to make an appointment to have the van repaired. The Administrator confirmed that the van was repaired on 08/13/2024 and acknowledged the resident's family member had contacted him via text message from the resident's mother. A record review of the Admission Record revealed that the facility admitted the Resident #52 on 1/25/2024, and he had current diagnoses including Quadriplegia and Hyperhidrosis (excessive sweating). A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/28/2024 revealed Resident #52 had a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated he was cognitively intact.