

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Liberty Community Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>Based on interview, record review, and facility policy review, the facility failed to ensure a resident's right to be free from invasion of personal privacy when the Administrator took and shared photographs of the resident without his consent for one (1) of 19 sampled residents. Resident #10 Findings Include: A review of facility's Residents Rights and Quality of Life Policy and Procedure, undated, revealed, .All residents have the right to a dignified existence, self-determination and communication and access to people and services inside and outside the facility .A record review of the admission Record revealed the facility admitted Resident #10 on 10/12/25, with diagnoses including Quadriplegia. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/18/25 revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of 15, indicating he was cognitively intact. On 12/01/2025 at 2:05 PM, in an interview, Resident #10 stated that the Administrator followed him in her personal vehicle when he left the facility to get a haircut on November 5, 2025. He stated that the Administrator took pictures of him and sent them to his mother without his permission. The resident expressed that this upset him and violated his right to privacy. On 12/03/2025 at 9:59 AM, in a phone interview with Resident #10's mother, she stated she had not heard from her son that day (11/5/25) and had asked a friend at the facility to check on him. She reported that the Administrator called her shortly afterward and stated that the resident had gone to get a haircut. The Administrator then texted her pictures of Resident #10 taken at a red light, stating she was watching him from her car. The mother confirmed she did not ask for pictures and stated she felt it was inappropriate and a violation of his privacy. On 12/03/2025 at 10:36 AM, in an interview with the Administrator, she confirmed that Resident #10 frequently leaves the facility independently in his power chair. She stated that on the day in question, she was aware the resident's mother was concerned after not hearing from him. The Administrator reported she took it upon herself to drive and look for the resident. She admitted she took pictures of him from her car and texted them to his mother. She stated she was not thinking about privacy at the time but acknowledged that it could be viewed as a violation of resident rights. On 12/04/2025, in an interview with the Director of Nursing (DON), she stated she had heard the resident mention something about photos being taken but was unaware of details. She confirmed that photos should not be taken of residents without their consent and doing so would be an invasion of privacy.</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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