

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48669</b></p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident was free from exploitation for one (1) of 16 sampled residents. Resident #12.</p> <p>Findings Include:</p> <p>A review of the facility's policy, Resident Rights, dated 2018, revealed: 1. Resident Rights. The resident has the right to a dignified existence, self-determination .5. Respect and Dignity. The resident has a right to be treated with respect and dignity .</p> <p>A review of the facility's policy, Abuse, Neglect and Exploitation, reviewed/revised 5/25/24, revealed: Policy: It is the policy of this facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . Definitions: Exploitation means taking advantage of a resident for personal gain .Mistreatment means inappropriate treatment or exploitation of a resident . IV. Identification of Abuse, Neglect and Exploitation . B. Possible indicators of abuse include, but are not limited to: 9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status .</p> <p>A record review of the Facesheet revealed that the facility admitted Resident #12 to the facility on [DATE]. The resident had diagnoses that included Unspecified Dementia and Cognitive Communication Deficits</p> <p>A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/12/24 revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 99, indicating that the resident was unable to participate in the interview.</p> <p>A record review of the facility's Reportable Incident Form, dated 7/19/24, revealed on 7/15/24 at 8:45 AM, two (2) Certified Nurse Aides (CNAs) reported to the Administrator that CNA #1 had made a video in which she forcefully and manually transferred Resident #1 to a Geri (geriatric) chair from her bed. Resident #1's extremities and lower body were exposed during the video, but her private lower body parts could not be seen. Upon receiving the information, the Administrator reported the incident to the state agency, AGO's office, local police, the Resident Representative (RR), the Medical Director, and the resident's Hospice agency.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 255303	If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	
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>At 1:05 PM on 8/13/24, during an interview, CNA #2 stated she did not know CNA #1 personally because their work schedules differed. She reported that a former coworker called her on the evening of 7/14/24 and told her to watch a live video on social media involving CNA #1 and Resident #12. CNA #2 logged onto the social media account and saw the live video of CNA #1 in the resident's room dancing. She observed CNA #1 put the Geri (Geriatric) chair in front of the resident's bed and then grab the resident under the arms and manually transferred her to the Geri chair. CNA #2 stated that the transfer was unsafe because the resident should have been lifted by two people. She recalled that people watching the video made comments praising CNA #1 and called her CNA of the year, and CNA #1 showed her thanks by clapping, which made it appear that she enjoyed the attention. The resident stayed seated in the chair, and while her body was visible in the background, she was not naked. The video ended when CNA #1 looked toward the door, as if she thought someone was coming into the room. CNA #2 stated that she reported the video that she had watched to the Administrator on the morning of 7/15/24.</p> <p>On 8/13/24 at 1:16 PM during an observation of the social media video footage, which was filmed live and posted online, CNA #1, who posted the video using another name, was observed lifting Resident #12 from her bed into the Geri chair. The resident's thighs, legs, and feet were visible to viewers, but her face was not disclosed. Once Resident #12 was seated in her geriatric chair, CNA #1 turned to the camera, clapped her hands, smiled, and shook her buttocks while the audience praised her. CNA #1 then moved in the video, exposing the resident's face and bottom half of her body. As she continued communicating with the audience, CNA #1 waved her hand in front of her face, indicating that Resident #12 had an odor coming from her body. The audience responded with obscenities, and CNA #1 laughed. In response to viewer comments, CNA #1 said, Lord forgive me, and the video ended. The live video lasted one minute and seven seconds.</p> <p>On 8/13/24 at 2:36 PM, during an interview with the Administrator, he reported that a 7/15/24 at approximately 8:45 AM, CNA #2 informed him of a video posting from a current CNA on social media. He stated that he watched the video that morning. He further stated that he personally conducted the investigation, as the current Director of Nurses (DON) was not a part of the investigation. He continued by saying that CNA #1 was scheduled to come in that afternoon to work, so he let her come in and that is when he told her that he had seen the video and that he was terminating her employment at the facility and that she needed to leave the building.</p> <p>At 8:32 AM on 8/15/24, during a telephone interview with CNA #1, she revealed she had been a licensed CNA for about three years and had worked at the facility where Resident #12 lives for about two months. She vehemently denied appearing in the social media video with Resident #12 in the background. She claimed the Administrator called her into the building and told her about a video, but he never allowed her to watch it to ensure it was her. In the interview, she explained that she would not do such a thing because she knew it was wrong to video residents. Since CNA #1 denied it was her in the video, she was asked to explain why it would be wrong for residents to be posted on social media by any staff in general. CNA#1 said it would violate the resident's rights and patient confidentiality. She said it would be wrong since she understood that to video a resident, you must first have the resident's or the responsible party's consent first.</p> <p>At 8:54 AM on 8/15/24, in a follow-up interview with CNA #1, she was informed that according to the picture of the driver's license in her personnel file, it was her on the live social media. CNA #1 got quiet and responded, I did not do a video on that particular social media site live. I just want to make sure you do not put that on your paper.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	
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>On 8/15/24 at 11:40 AM, during an interview with Resident #12's family, the family member stated that the resident was very private and would not have wanted or allowed someone to make such a video of her. He stated that she would have been offended.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41680</p> <p>Based on interviews, record reviews, and facility policy reviews, the facility failed to implement/follow the care plan for three (3) of sixteen (16) sampled residents. Resident #12, Resident #13, Resident #48</p> <p>Findings Include:</p> <p>A review of the facility policy titled Care Plans, updated 2/3/23 revealed, Policy: Each resident will have a person-centered plan of care to identify problems, needs and strengths that will identify how the interdisciplinary team will provide care .Resident Care Summary-part of the Comprehensive Care Plan is used as the tool to make staff aware of the resident's daily care needs .</p> <p>Resident #12</p> <p>A record review of the ADL (Activities of Daily Living) comprehensive Care Plan dated 1/29/24, revealed an intervention related to transfers as Transfers: Extensive Two Person Assist</p> <p>At 1:05 PM on August 13, 2024, as Certified Nursing Assistant (CNA) #2 recapped what she saw in the social media video, she specifically pointed out that she saw CNA #1 grab the resident under the arm and move her to the geriatric chair without assistance. She stated the transfer was unsafe because the resident should have been lifted by two people.</p> <p>On 8/14/24 at 9:28 AM, in an interview with Minimum Data Set (MDS) Nurse, she reviews and confirms with that the care plan for Resident #12 states that for transfers, the resident is an extensive two person assist. She said this intervention was put into place to ensure the safety of the resident. The MDS Nurse further added that care written and available on the kiosk (interactive computer terminal) of the wall in the hall of resident care areas, so that CNAs (Certified Nurse Aides) will know how to care for residents.</p> <p>Resident #13</p> <p>A record review of Resident #13's comprehensive Care Plan dated 2/23/23 revealed At risk for Dyspnea/Shortness of Breath/Difficulty Breathing related to COPD and Respiratory Failure with Hypoxia . Interventions .Fluticasone Prop (Propionate) 50 mcg (micrograms) Spray, spray two (2) sprays in each nostril daily .Nasal Spray (sodium chloride), spray one (1) spray intranasally twice daily every day in each nostril .</p> <p>At 8:35 AM on 08/14/23, during an observation of medication administration with an observation and interview of medication administration with Licensed Practical Nurse (LPN) #2 reported and confirmed Fluticasone Propionate nasal spray and Saline nasal spray was out of stock. Therefore, Resident #13 was unable to receive the ordered medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident #13's Admission Record revealed that the facility admitted the resident on 2/15/23, with diagnoses that included Chronic Obstructive Pulmonary Disease and Acute and Chronic Respiratory Failure with Hypoxia.</p> <p>A record review of Resident #13's Order Summary Report, with active orders as of 8/15/24, revealed a physician's order, with an order date of 4/2/24, for Nasal Spray (sodium chloride) 0.65% aerosol: one (1) spray in each nostril twice a day, every day, related to Chronic Respiratory Failure with Hypoxia and an order, with an order date of 2/15/23, for Fluticasone Propionate 50 MCG (microgram) Spray for two (2) sprays in each nostril daily, related to Chronic Obstructive Pulmonary Disease.</p> <p>Record review of the August 2024 Electronic Medication Administration Record (eMAR) documentation revealed Resident #13 had not received the Saline Nasal Spray at 9 PM on 8/13/24 and the 9 AM dose on 8/14/24. Fluticasone Propionate nasal spray was not documented as received at 8 AM on 8/14/24.</p> <p>Resident #48</p> <p>A record review of Resident #48's comprehensive Care Plan dated 4/18/24 revealed Hypertension, controlled .Care Plan Goal . Reduce complications from Hypertensive symptoms .Bethanechol Chloride 25 mg tablet: Give 1 tablet via peg (Percutaneous Endoscopic Gastrostomy) tube before meals every day .</p> <p>On 8/14/24 at 2:46 PM, during an observation and interview with LPN #2 administering medications via PEG tube to Resident #48, his medications included Bethanechol Chloride. LPN #2 stated the Bethanechol Chloride was not available on her medication cart. The nurse checked her medication cart twice and checked the Omnicell (an automated medication dispensing cabinet) in the medication room, however, the medication was not available.</p> <p>Review of Resident #48's Admission Record revealed an admitted [DATE] with diagnosis of Essential (Primary) Hypertension and Chronic Systolic (Congestive) Heart Failure.</p> <p>Record review of Resident #48's Order Summary Report with active orders as of 8/15/24 revealed an order dated 4/19/24 for Bethanechol Chloride Tab 25 mg Give 1 tablet via PEG-tube three times a day related to Essential (primary) hypertension.</p> <p>A record review of Resident #48's August 2024 Electronic Medication Administration Record (eMAR) documentation revealed Bethanechol Chloride was documented as unavailable for two doses on 8/13/24 and the morning dose on 8/14/24.</p> <p>On 8/14/24 at 1:52 PM, in an interview with Assistant Director of Nursing (ADON) stated they should reorder medications when it gets down to five (5) days left. She confirmed the residents' medications are listed on the care plans and the care plan is not followed if the medications are not given.</p> <p>On 08/14/24 at 4:03 PM, during an interview with the Director of Nurses (DON), she explained her expectations of nurses are to give medications per physician orders and follow care plans. She stated residents should receive medications as prescribed for their health conditions.</p> <p>48669</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48669</p> <p>Based on observation, interview, record review, and policy review the facility failed to ensure a two-person transfer, as evidenced by video evidence of a Certified Nursing Assistant (CNA) transferring a resident from the bed to the geriatric chair by herself. The resident required a 2-person transfer. This was for one (1) of 16 sampled residents. Resident # 12.</p> <p>Findings Include:</p> <p>A review of the facility policy titled Modified Lifting Policy, no date, reveals, .Facility will provide a safe work environment for patient care areas by providing and requiring the use of safety materials, equipment and training designed to prevent personnel and patient injury .It is crucial that health care professionals practice safe lifting, transporting .</p> <p>At 1:05 PM on 8/13/24, as Certified Nursing Aide (CNA) #2 recapped what she saw in the social media video, she specifically pointed out that she saw CNA #1 put the geriatric chair in front of the resident's bed. She remembers seeing CNA #1 grab the resident under the arms and move her to the geriatric chair by hand. She stated the transfer was unsafe because the resident should have been transferred by two people, as the resident was an extensive two person assist for transfer.</p> <p>On 8/13/24 at 1:16 PM during an observation of the social media video footage, which was filmed live and posted online, CNA #1, lifted the resident without assistance and transferred her to a geriatric chair.</p> <p>On 8/13/24 at 2:36 PM, during an interview with the Administrator, he confirmed that on 7/15/24 at approximately 8:45 AM, CNA #2 informed him of a video posting from a current CNA on social media. He stated that he watched the video that morning. He continued by saying that CNA #1 was scheduled to come in that afternoon to work, so he let her come in he explained to her that he had seen the video that she had posted that involved the care of Resident #12. At time, her reported that he told CNA #1 that he was terminating her employment and that she needed to leave the building.</p> <p>On 8/14/24 at 9:28 AM, in an interview with Minimum Data Set (MDS) Nurse, she confirmed that for transfers, Resident #12 is care planned as an extensive two person assist. She stated this was put into place to ensure the safety of the resident to prevent the resident from falling and having any injuries. She added that the CNAs can use the kiosk (interactive computer terminal) on the wall to identify the plan of care for residents. Therefore, with this resident they should never attempt to lift or transfer the resident by themselves.</p> <p>On 8/14/24 at 2:01 PM in an interview with CNA #3, she confirmed that Resident #12 is one her residents that she is assigned to from time-to-time. She explained that this resident is a total body lift and requires an extensive two person transfer when moving her out of the bed.</p> <p>A record review of the Facesheet revealed Resident #12 was admitted on [DATE] by the facility. Her diagnosis includes Cognitive Communication Deficit and Unspecified Dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Briar Hill Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Gunter Road Florence, MS 39073	

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 0689</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 Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 7/12/24 revealed a Brief Interview Mental Status (BIMS) score of 99, which indicated that the resident was unable to participate in the interview.</p>