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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A418 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/02/2025 |
| NAME OF PROVIDER OR SUPPLIER James T Champion | | STREET ADDRESS, CITY, STATE, ZIP CODE 1455 North Lakeland Drive Meridian, MS 39307 | |

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) |
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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>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47873</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure a resident's right to be treated with respect and dignity when a Certified Nurse Aide (CNA) would not provide assistance requested by the resident for one (1) of five (5) sampled residents. Resident #1.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Rights and Responsibilities of Residents, revised October 2023, revealed, .It is the policy .to protect and support the fundamental human, civil, and constitutional rights of each resident .Procedure .F .ensure that each resident admitted to the facility is . (10) Treated with respect and full recognition of their dignity and individuality .</p> <p>A record review of the December 2024 Physician's Orders revealed Resident #1 had an order dated 11/7/2024, for one-person assistance with transfers, dressing, and bathing tasks to reduce the resident's risk of falls.</p> <p>A record review of the facility's investigation Vulnerable Adult Act, dated 11/11/2024 and completed on 11/15/2024, revealed that the facility received a complaint on 11/14/2024 regarding an incident involving Resident #1 and CNA #2 that occurred on 11/11/2024 between 8:00 PM and 10:00 PM. The report indicated Resident #1 pressed the call bell to request assistance with changing clothes and getting into bed. CNA #2 entered the room and reportedly refused to assist Resident #1 with the requested tasks, stating, I am only here to assist with toileting. CNA #2 was observed leaving Resident #1's room without providing the requested assistance. The report noted that Resident #1 was care-planned for staff assistance with transfers, toileting, dressing, and bathing to reduce fall risks. Section X of the facility's investigation confirmed the allegation indicating, The allegation is supported by a preponderance of the evidence .</p> <p>On 1/2/2025 at 10:15 AM, during an interview, Resident #1 recounted the incident. She stated she pressed her call bell and explained her needs to three CNAs who responded. CNA #2 informed her that only toileting assistance would be provided and refused to help her change clothes or get into bed. Resident #1 described CNA #2's demeanor as condescending and rude, though no foul language was used. Ultimately, another CNA assisted her with changing clothes and getting into bed. Resident #1 expressed dissatisfaction with CNA #2's behavior, calling it dismissive and unprofessional.</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.

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| 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>On 1/2/2025 at 10:50 AM, during an interview, the CNA Supervisor #1 stated CNA #2 worked night shifts but was no longer employed at the facility. She described CNA #2 as a competent aide but noted prior instances of poor attitude toward co-workers. She emphasized that CNAs are responsible for providing safe and respectful care to residents and should not engage in disagreements with residents. She stated that CNAs must consult a nurse if they have questions about care.</p> <p>On 1/2/2025 at 12:30 PM, during an interview, the Nursing Home Administrator explained that the investigation into the 11/11/2024 incident revealed CNA #2 had refused to assist Resident #1 and may have been rude and disrespectful toward the resident. She stated that statements were collected by both her and the Director of Nursing (DON) and were forwarded to the facility investigator. The Administrator noted that CNA #2, a contract worker, was removed from the schedule pending the investigation but resigned on 11/14/2024 before the investigation concluded.</p> <p>A record review of the Face Sheet revealed the facility admitted Resident #1 on 8/23/2024, with current diagnoses including Heart Disease.</p> <p>A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.</p> | | |