STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255336	A. BUILDING _____ B. WING _____	**03/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
JONES CO REST HOME	**683 COUNTY HOME ROAD ELLISVILLE, MS 39437**

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 0600 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure a resident was free from verbal abuse, for one (1) of four (4) residents reviewed, Resident #1. Findings include: A review of the facility's, Abuse, Neglect, and Exploitation Policy, dated 0[DATE], revealed, verbal abuse means the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within the hearing distance regardless of their age, ability to comprehend, or disability. A review of the facility's statement, dated [DATE]20 and signed by the Director of Nurses (DON), revealed, on 03/02/2020 at approximately 12:10 PM, Certified Nursing Assistant (CNA) #2 observed CNA #1 slap Resident #1 on the arm. CNA #2 reported, she and CNA #1 were providing care to Resident #1. CNA #2 revealed CNA #1 turned Resident #1 over, and the resident yelled for her to stop for fear of falling off the bed. CNA #2 stated Resident #1 slapped CNA #1, and then CNA #1 slapped Resident #1 on her right arm. CNA #2 revealed CNA #1 stated to Resident #1, Fine, sit in your[***] I don ' t care and walked out of the room. Review of the facility's Historical Employee Clocking and Schedule for 03/02/2020 revealed, CNA #1 was in the facility on 03/02/2020 from 7:22 AM to 12:39 PM. A review of the facility's document titled, Report of Termination/Hour Reduction dated [DATE]20, revealed, CNA #1 was suspended following an allegation of abuse towards a resident. The document indicated CNA #1's last day worked was on 03/02/2020, and date terminated as of [DATE]20. A review of a typed statement given by CNA #1, attached to the Report of Termination/Hour Reduction document, revealed, she acknowledged she stated Well, sit in your own[***]out loud but to herself. CNA #1 revealed in the statement, that she pushed Resident #1's arm down to place it in the opposite direction, so that she could roll her over. CNA #1 revealed she was frustrated, but did not hurt her resident. During an interview, on 03/09/2020 at 8:45 AM, the Administrator revealed when she spoke to CNA #1, she admitted that she cursed Resident #1, but did not hit her. The Administrator stated CNA #1 admitted to saying that Resident #1 could sit in her own[***]but stated she mumbled it, and did not say it directly to Resident #1. During an interview, on 03/09/2020 at 10:08 AM, CNA #2 stated she walked into Resident #1's room to see if CNA #1 needed anything. CNA #2 stated she saw Resident #1 slap CNA #1, and then CNA #1 slapped Resident #1 on her right forearm. CNA #2 revealed CNA #1 stated to Resident #1, Whatever, you can sit in your[***] I don't care, and walked out of the room to go get a nurse. During an interview, on 03/09/2020 at 11:37 AM, CNA #1 revealed on the day of the incident (03/02/2020), she was in the room changing Resident #1. CNA #1 stated she rolled Resident #1 to one side, and the Resident #1 rolled back towards her, hitting her in the eye. CNA #1 stated she took Resident #1 by the arm, and placed it on the opposite side of the bed so that she could change her. She stated that she did not hit Resident #1. CNA #1 stated CNA #2 may not have understood what was going on with Resident #1. CNA #1 confirmed she did make the statement that Resident #1 could lie in her[***] but she mumbled it to herself, as she was going out the door to get the nurse. A review of the facility's document titled, Abuse, Neglect and Exploitation of Vulnerable Person Acknowledgement, revealed CNA #1 was educated on Abuse and Neglect on 10/30/2019. During an interview, on 0[DATE]20 at 9:05 AM, the Administrator stated the abuse did occur and it should have never occurred. The Administrator stated, This is never acceptable. On 0[DATE]20 at 9:08 AM, during an interview with the DON, she stated verbal abuse did happen, and it never should have happened. She stated they have in-serviced on abuse and neglect. The DON stated they are looking at getting an outside counselor to come in and talk to staff about stress and burnout.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.