STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255243	A. BUILDING _____ B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BILLDORA SENIOR CARE	314 ENOCHS ST TYLERTOWN, MS 39667

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 11/13/2023 through 11/16/2023. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F849. The facility had a census of 43 and was licensed for 60 beds.	F 000		
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of	F 849		12/11/23

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

Electronically Signed | 11/30/2023

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F 849	Continued From page 1	F 849		

the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:
(A) The services the hospice will provide.
(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.
(C) The services the LTC facility will continue to provide based on each resident's plan of care.
(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.
(E) A provision that the LTC facility immediately notifies the hospice about the following:
(1) A significant change in the resident's physical, mental, social, or emotional status.
(2) Clinical complications that suggest a need to alter the plan of care.
(3) A need to transfer the resident from the facility for any condition.
(4) The resident's death.
(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.
(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing;

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F 849	Continued From page 2	F 849		

counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.
(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.
(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.
(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.

§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to

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assess the resident or have access to someone that has the skills and capabilities to assess the resident.
The designated interdisciplinary team member is responsible for the following:
(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.
(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.
(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.
(iv) Obtaining the following information from the hospice:
(A) The most recent hospice plan of care specific to each patient.
(B) Hospice election form.
(C) Physician certification and recertification of the terminal illness specific to each patient.
(D) Names and contact information for hospice personnel involved in hospice care of each patient.
(E) Instructions on how to access the hospice's 24-hour on-call system.
(F) Hospice medication information specific to each patient.
(G) Hospice physician and attending physician (if any) orders specific to each patient.
(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the

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F 849	Continued From page 4 facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. §483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record reviews, and facility policy reviews the facility failed to collaborate with hospice services related to a resident's continuous plan of care for one(1) of two (2) hospice residents reviewed. Resident #30. Findings Include: Record review of the facility's policy, "Hospice Care-Facility Responsibilities," with a revision date of 4/2017, revealed, "It is the policy of this facility to improve quality and consistency of care between hospice and the facility in the provision of hospice care to our residents in order to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Policy Explanation and Compliance Guidelines: ... 2. b. Communicating with hospice representatives and other healthcare providers participating in the provision of care for terminal illness, related conditions, and other conditions to ensure quality of care for the patient and family ..."	F 849	1. On 11/14/2023, the Director of Nursing spoke with the hospice company nurse to obtain documentation for resident # 30 from august 31 through 11/14/2023. The documentation was placed in the hospice binder. The director of nursing educated the hospice nurse regarding the importance of the communication process, providing weekly documentation from her visit. The Director of Nurses reviewed other hospice residents on 11/14/2023, to ensure that documentation from the hospice nurse was completed and located in the binder. 2. It was determined that residents that receive hospice services have the potential to be affected. 3. On 11/20/23-11/27/23 the Staff Development Nurse provided education with the facility nurses and nursing assistants on the importance of coordination of care between the facility and the hospice staff with a focus on communication and documentation to ensure continuity of care for the residents	

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F 849	Continued From page 5 Record review of the "Admission Record," for Resident #30, revealed the facility admitted the resident on 5/30/23, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD) and Vascular Dementia, Unspecified Severity, With Mood Disturbance. Record review of "Order Summary Report," with active orders as of 11/16/2023, revealed a physician order "ADMIT to hospice (Proper Name)/TERMINAL DIAGNOSIS OF COPD, dated 6/13/23 Record review of the Visit Note Report written by Hospice, revealed it did not contain the most recent visits by Hospice. The last notes were dated 8/31/23. The Hospice chart was not updated with each visit. On 11/14/23 at 1:25 PM, in an interview with Social Service (SS), she revealed she coordinates hospice serviced with the family. She stated she contacts the family when the physician recommends hospice and explains hospice to the family and the resident and answers all of their questions. She stated she does not do anything after that. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/29/23, Section O revealed Resident #30 was coded for having received hospice care. On 11/14/23 at 2:05 PM, in an interview with the Director of Nurses (DON), she stated the Hospice nurse talks to the staff nurses. She stated no one reviews the hospice notes to see if they are receiving the notes to follow up with hospice care. She stated the facility should follow up with	F 849	receiving hospice services. The Social Services Director was educated on 11/17/2023, by the Staff Development Nurse on communicating with the hospice nurse to ensure that weekly documentation is provided on hospice residents. The hospice nurse will be responsible for providing the weekly notes to the Medical Records nurse to be placed in the hospice binder. On 11/17/2023, the Staff Development Nurse educated Medical Records on the importance of checking the binder weekly then monthly to ensure that the hospice nurse has documentation from the weekly visit present and to notify the hospice nurse of the need to have the notes provided if they are not provided. On 11/20/23 the quality assurance performance improvement committee reviewed the policy and procedure for Hospice Care – Facility Responsibility with no recommendation for changes. 4. The Medical Records nurse or Social Services will review the hospice binder weekly starting on 11/20/2023, times four weeks to ensure that weekly documentation from the hospice nurse is located in the resident's hospice binder. Medical Records nurse will continue monitoring monthly for six months. On 12/11/2023, the monitoring results will be reviewed by the Quality Assurance Performance Improvement Committee to evaluate the effectiveness of the procedure and make changes as found necessary to ensure substantial compliance.	

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Hospice to coordinate the resident's plan of care.

On 11/14/23 at 2:17 PM, in an interview with Registered Nurse (RN) #1/Hospice Nurse, stated she comes to the facility once a week to see Resident #30. She stated Licensed Practical Nurse (LPN) #2 comes once a week also. She stated she usually talks to the charge nurse. She stated the hospice office prints out the weekly notes and gives them to LPN #1/Medical Records Nurse at the facility.

On 11/14/23 at 2:33 PM, in an interview with LPN #1 she stated she has never received hospice notes on Resident #30 from Hospice. She revealed she has only received records from Hospice when a resident expires.

On 11/14/23 at 2:46 PM, in an interview with RN#2 / Charge Nurse, she stated she talks with the Hospice nurse when they come if she is in the facility that day. The Charge Nurse revealed she does not get written reports from Hospice and does not document what hospice tells her about the resident.

On 11/14/23 at 2:54 PM, in an interview with LPN #2 from Hospice, she stated she gives the Medical Records Nurse the daily report forms when Hospice prints them out. She revealed it has been several months since they have given her reports to give to the facility, as they have a new staff member that is running behind on printing the reports. LPN #2 revealed no one from the facility has called requesting the reports.