STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255335	A. BUILDING _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORREST GENERAL HOSPITAL SKILLED NURSING UNIT	6051 US HIGHWAY 49 SOUTH HATTIESBURG, MS 39401

(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 11/20/23 to 11/21/23. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F640. The census was 29 and the facility had a license for 30 beds.	F 000		
F 640 SS=B	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within	F 640		12/19/23

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

Electronically Signed | 11/29/2023

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F 640	Continued From page 1 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and the facility policy review, the facility failed to electronically submit a discharge Minimum Data Set (MDS) assessment for three (3) of 20 sampled residents. Resident #3, Resident #13, and Resident #15. Findings Include: Record review of the facility's "Skilled Nursing Unit Policy", undated, revealed, " ...F640 Automated data processing requirement ...Transmitting Data ...2. Within 14 days after the SNU (Skilled Nursing Unit) completes a resident's assessment, the SNU electronically transmits	F 640	" On November 21, 2023 discovery of 3 discharge assessments were found not to have been submitted timely for processing requirement during annual facility survey as defined by Centers of Medicare and Medicaid Services (CMS) and the State. " Minimum Data Set (MDS) nurse informed the administrator after meeting with the state surveyor that 3 discharge MDS assessments had been identified as not submitted and were over 120 days late. The administrator and director of nursing (DON) educated the MDS nurse in a verbal one-on-one coaching that	

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F 640	Continued From page 2 encoded, accurate, and complete MDS data ..." Resident #3 Record review of the resident information document revealed the facility admitted Resident #3 on 07/05/23. Record review of the facility's "After Visit Summary" revealed Resident #3 was discharged from the facility on 7/19/23. Review of the medical record revealed there was no Discharge MDS completed or submitted for Resident #3. Resident #13 Record review of the resident information document revealed the facility admitted Resident #13 on 6/24/23. Record review of the "After Visit Summary" revealed Resident #13 was discharged from the facility on 7/13/23. Review of the medical record revealed there was no Discharge MDS completed or submitted for Resident #13. Resident #15 Record review of the resident information document revealed the facility admitted Resident #15 on 6/28/23. Record review of the "After Visit Summary" revealed Resident #15 was discharged on 7/19/23.	F 640	timely submission of discharge assessments are required within 14 days after facility completes resident□s assessment. On that same day, November 21, 2023, the MDS nurse contacted the state RAI/OE coordinator regarding how to properly handle submitting those late assessments. For training and education need, on November 28, 2023, the administrator, DON and MDS nurse attended the statewide MDS 3.0 provider coding training via zoom conducted by the state resident assessment instrument (RAI) coordinator to gain guided knowledge and training on MDS 3.0 and on December 01, 2023 an one-on-one in-service was conducted with the MDS nurse by the administrator and DON regarding timely submissions as defined by CMS and the state. On November 21, 2023, the MDS nurse, per state RAI coordinator, was instructed on how to handle and properly transmit in the specified format require by the state, approved by CMS, to submit the three discharge assessments that were over a 120 days late. MDS nurse completed and submitted the late discharge assessments on November 21, 2023 and notified administrator of completion and submission. " Based on staff interview, record review and the facility policy review, it was found that all residents have potential to be affected.	

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F 640	Continued From page 3 Review of the medical record revealed there was no Discharge MDS completed or submitted for Resident #15. During an interview on 11/21/23 at 1:30 PM, with Registered Nurse (RN)#1, she confirmed the discharge assessments for Residents #3, #13 and #15 were not submitted in the last 120 days. RN #1 said she had just started as the MDS nurse and did not realize those residents' discharge assessments were due. RN #1 confirmed Resident #3's Discharge MDS Assessment was due 8/2/23, Resident #13's was due 7/27/23, and Resident #15's was due 8/2/23. She stated the Discharge assessments are due within 14 days after the resident's discharge date from the facility. During an interview on 11/21/23 at 1:45 PM, with the Director of Nursing (DON), she confirmed that Residents #3, #13 and #15 Discharge MDS assessments were not submitted in a timely manner. The DON said she expected the assessments to be completed and submitted 14 days after the residents are discharged. The DON explained that she was not working at the facility at that time and was unaware the Discharge MDS Assessments were not completed and submitted. An interview on 11/21/23 at 2:00 PM, with the Administrator, confirmed the Discharge MDS assessments were not submitted in a timely manner. The Administrator said those assessments occurred during a transition when the care plan nurse and the MDS nurse changed responsibilities and the nurses should have communicated to prevent the assessments from being missed.	F 640	" On Wednesday, November 22, 2023, the Administrator and DON met with MDS nurse and all staff associated with conducting interviews on MDS assessment. All staff was educated regarding the timely submission process defined per CMS and state for discharge assessments, the states finding of the 3 late MDS submissions during annual recertification, the implementation of a monitoring tool for MDS schedule and tracking to ensure timely submission. The administrator and DON will monitor the tracking tool and all MDS assessments submissions to be submitted properly as defined by CMS and the state to ensure that no late submission problem(s) reoccur. " To protect residents in similar situations, a MDS schedule and tracking tool was started on 11/22/23 and the administrator and DON will monitor MDS submission for 16 weeks and discuss any discrepancies and/or findings within 24 hours with MDS nurse. All staff who complete interviews for the MDS will meet on Monday's to discuss all weekend discharges(s) and admission(s). This process will be ongoing to assure timely MDS submissions and it was discussed and reviewed as new business during Quality Assurance (QA) meeting held on 11/30/23 and will be discussed and reviewed in upcoming QA meeting times four meetings to be held in December 2023, January 2024, February 2024 and March 2024.	

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