STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255278	A. BUILDING _____ B. WING _____	12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST NURSING CENTER	1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111

(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 12/12/2023 through 12/14/2023. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F623. The facility had a census of 86 and was licensed for 120 beds.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when-	F 623		1/9/24

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

Electronically Signed | 01/04/2024

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F 623	Continued From page 1	F 623		

(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part

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F 623	Continued From page 2 C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review, the facility failed to provide the Resident and/or the Resident's Representative with written notification for the reason the residents were transferred to local hospital for two (2) of three (3) residents reviewed for hospitalizations. Residents #36 and # 56. Findings Include:	F 623	* On 1/4/24, the facility administrator (ADM) gave written notice to resident #36 and resident #56 to notify them of reason for transfer on the following dates: Resident #36 8/13/23, 9/9/23, and 11/15/23, and resident #56 2/13/23, 5/30/23, and 8/4/23 in a language they could understand.	

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F 623	Continued From page 3 A review of the facility's policy titled, "Discharge Transfer and Planning," revised 9/23, revealed, "Before a facility transfers or discharges a resident, the facility must ...Notify the resident and the resident's representative(s) of the transfer or discharge and the reason for the move in writing and in a language and manner they understand ..." Resident #36 A record review of the Transfer notices dated 8/13/23, 9 /9/23 and 11/15/23 revealed, the facility failed to provide the resident and the resident's representative with written notification of the reason for transfer from the facility. The form, utilized at that time, only stated that the facility was no longer able to meet the resident's needs in the facility and the transfer was necessary for their welfare. A record review, of the facility's "Face Sheet," revealed the facility admitted the Resident #36 on 2/18/22, with diagnoses that included Acute on Chronic Congestive Heart Failure and Unspecified Dementia. A record review of the Quarterly Minimum Data Set (MDS) for Resident #36, with an Assessment Reference Date (ARD) of 10/9/23, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Resident #56 A record review of the Departmental Notes, Category: Nurses Notes for Resident #56 dated	F 623	* Any resident who has the potential to transfer or be discharged from the facility has the potential to be affected. * Accounts Manager and Director of Nursing were in serviced on 12/29/23, related to policies on discharge transfer and planning by ADM. Transfer/ discharge form (NS-789) will be reviewed in morning stand up meetings beginning 12/18/23. On 1/2/24, the Quality Assurance (QA) committee reviewed the policy discharge transfer and planning with no recommended changes to the policy. * ADM will audit discharge/ transfer forms weekly for 4 weeks and then monthly times 2 months beginning 12/18/23. The QA committee will review the audits on a monthly basis for 3 months to ensure on going compliance with F tag 623 beginning 1/8/24.	

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F 623	Continued From page 4	F 623		

2/13/23, 5/30/23, and 8/4/23, revealed the resident was transferred to a local Behavior Health Unit due to increased behavior.

A record review of Resident #56's MDS with an ARD of 2/13/23, MDS with an ARD of 5/30/23, and MDS with an ARD of 8/4/23, revealed the resident was discharged to a Psychiatric hospital.

A record review of the facility hospitalization letters dated 2/13/23, 5/30/23 and 8/4/23,revealed the letters did not provide written notification as to the reason Resident #56 was sent to the local Behavior Health Unit.

During an interview on 12/13/23 at 3:37 PM, the Director of Nursing (DON) confirmed the facility failed to provide a written explanation to the resident and Resident Representative (RR) with the reason the resident was transferred to another facility. The DON said the nurses normally call the families and notify them of the hospital transfer and the reason.

During an interview on 12/13/23 at 3:50 PM, the Accounts Manager (AM) revealed she is responsible for sending out the hospitalization letters. The AM also stated that she just answers the questions after each resident is transferred to the local hospital. The AM stated that she does not know the specific reason why the resident is sent out, however, she will start putting the specific reasons on the notices prior to sending them out to the resident or RR.

During an interview on 12/13/23 at 4:00 PM, the Administrator confirmed the facility had failed to inform residents and RR with the specific reasons why the residents were transferred out of the

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F 623	Continued From page 5 facility. The Administrator stated that writing "we are no longer able to meet your needs in the facility and the transfer is necessary for your welfare," was insufficient. The Administrator stated the facility policy states the facility is responsible for providing written notification to the resident and resident's representative for the reason for the transfer in a language that they can understand.	F 623		