STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. BUILDING _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	111 CHASE STREET BYHALIA, MS 38611

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F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care	F 656		2/2/24

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

Electronically Signed | 01/25/2024

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F 656	Continued From page 1 plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, record review and facility policy review the facility failed to implement a care plan for Activities of Daily Living (ADL) for one (1) of 18 residents care plans reviewed. Resident #6. Findings include: Review of the facility policy titled, "Care Plan, Comprehensive Person-Centered" with a reviewed date of 01/2023 revealed under "Policy Interpretation and Implementation ...1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive person-centered care plan for each resident". Record review of Resident #6's care plans revealed the resident had an ADL care plan had a deficit in self-performance related to her diagnosis of Metabolic Encephalopathy and required extensive assistance by 1 staff for toileting that was initiated on 11/22/23. On 01/02/24 at 1:59 PM, an interview and observation of Resident #6 revealed the resident was lying in bed with her eyes closed and a foul odor. An interview with the resident's son who was sitting at the bedside revealed he thought	F 656	Facility failed to implement a careplan for activity of daily living for resident #6. Resident #6 Activities of Daily Living (ADL) care completed 1/2/24 at 3:40 in accordance with the comprehensive care plan by Certified Nursing Assistant (CNA) #1 and CNA #2. Careplan was reviewed by Director of Nursing 1/4/24 to ensure accuracy. All residents, 51, had the potential to be affected by the deficient practice. On 1/4/24 Social Service Director (SSD) interviewed residents with a Brief Interview for Mental Status (BIMS) score of 12 and above to identify concerns regarding ADL care. No negative findings were noted. On 1/4/24 Staff Development Coordinator (SDC) initiated in-services with direct care staff on following careplans and answering call lights timely. Beginning 1/8/24 SDC, Director of Nursing, Assistant Director of Nursing, or Nurse Manager will observe ADL care and careplans three times week for four weeks then two times a week for four weeks, then one time monthly thereafter.	

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F 656	Continued From page 2	F 656	DON will bring results of the observations to monthly QA Committee for review times three months beginning 1/30/2024. The QA Committee will make recommendations based on findings.	

she had a bowel movement , so he called for someone to come change her, but it had been 10 minutes, and no one had come yet.

On 1/2/24 at 3:40 PM, an interview and observation revealed Certified Nurse Assistant (CNA) #1 and CNA #2 were finishing incontinent care for Resident #6. CNA #1 stated that Resident #6's family came to her and told her about an hour and half ago that the resident needed changing because they thought she had a bowel movement, but she was busy, so she was just now getting to change her.

On 1/3/24 at 1:10 PM, an interview with CNA #2 revealed that a care plan lets the staff know what care the resident needs. She stated the resident does need assistance with incontinent care and if she waited that long for assistance then her care plan for ADL's (Activities of Daily Living) was not implemented.

On 1/3/24 at 1:18 PM, an interview with the Director of Nurse (DON) confirmed that the resident had a care plan for assistance with ADLS and if you are aware that the resident needs assistance prior to their two-hour check then it needs to be done, so in that way her care plan was not implemented.

Record review of Residents #6's "Admission Record" revealed the resident was admitted to the facility on 11/22/23 with medical diagnoses that included Metabolic Encephalopathy.

Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/29/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 11,

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F 656	Continued From page 3 which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed substantial to maximal assistance with toileting hygiene.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff and family interview and facility policy review the facility failed to provide timely incontinent care for a resident who had a bowel movement as evidenced by the resident waiting an hour and a half for incontinent care for one (1) of 18 Residents sampled. Resident #6 Findings include: Review of the facility policy titled, "Activities of Daily Living (ADL), Supporting" with a revision date of March 2018 revealed "Policy Statement ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene..." Review of the facility policy titled "Perineal Care" with a revision date of 7/21/18 revealed "Purpose ...The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition".	F 677	Facility failed to provide timely incontinent care for resident #6 who had a bowel movement. On 1/02/2024 CNA #1 provided ADL care to resident #6. On 1/4/24 CNA #1 and #6 were inserviced by DON on answering the call lights timely and communicating with nursing staff if they are unable to answer the call light in a timely manner. All residents, 51, had the potential to be affected. 01/04/24 SSD interviewed residents with a BIMS of 12 and above to identify concerns regarding ADL care. No negative findings were noted. 1/4/24 SDC and DON initiated inservices with staff on ADL care and answering call lights timely. Beginning 1/8/24 SDC, Director of Nursing, Assistant Director of Nursing, or Nurse Manager will observe ADL care and answering call lights timely three times week for four weeks then two times a	2/2/24

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F 677	Continued From page 4 An interview and observation of Resident #6 on 1/02/24 at 1:59 PM, revealed Resident #6 was lying in bed with eyes closed and a foul odor in the room. This observation revealed that the resident's son and daughter in law were sitting at the bedside and on interview stated they had called for someone to come change her, but it had been 10 minutes, and no one had come yet. The resident's son revealed they thought she had a bowel movement. An interview and observation on 1/2/24 at 3:40 PM, revealed Certified Nurse Assistant (CNA) #1 and CNA #2 were finishing up incontinent care for Resident #6. CNA #1 confirmed that Resident #6's family came to her and told her about an hour and half ago that the resident needed changing because they thought she had a bowel movement, but she was busy with other residents, so she was just now getting to change Resident #6. CNA #1 stated there is another CNA on the hall but he was busy and she did not notify the nurse she needed help. CNA #2 revealed she came into work at 2 PM to help with Activities but she came and helped change Resident #6. An interview on 1/3/24 at 1:10 PM, with CNA #2 revealed that she had come in at 2:00PM yesterday 1/2/24 and about 3:20 PM she noticed that Resident #6's call light was on so she went to answer it. She stated that when she did the family told her that the resident had a bowel movement. She stated the resident could have had skin breakdown from laying in the bowel movement for an hour and a half. An interview on 1/3/24 at 1:18 PM with the Director of Nurses (DON) confirmed that CNA #1	F 677	week for four weeks, then one time monthly thereafter until compliance is achieved. DON will bring results of the observations to monthly QA Committee for review times three months beginning 1/30/2024. The QA Committee will make recommendations based on findings.	

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F 677	Continued From page 5	F 677		

had come to tell her about the incident with Resident #6 waiting so long to be changed yesterday. She stated that the CNA should have had better time management and notified her nurse that she needed help if she was not able to get to the resident in time. She stated that every resident has to be checked every 2 hours but if you are aware that the resident needs assistance prior to that two-hour check then it needs to be done. She confirmed that a resident lying in a bowel movement for too long could lead to skin breakdown for the resident.

Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 11/22/23 with medical diagnoses that included Metabolic Encephalopathy.

Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/29/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 11, which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed substantial to maximal assistance with toileting hygiene.