STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A418	A. BUILDING _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	1455 NORTH LAKELAND DRIVE MERIDIAN, MS 39307

(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 at the facility from 01/08/24 through 01/10/24. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid requirements for participation and cited F646. The facility held a license for 65 beds, with a census of 60.	F 000		
F 646 SS=D	MD/ID Significant Change Notification CFR(s): 483.20(k)(4) §483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to obtain a Level II Preadmission Screening and Resident Review (PASARR) for a resident with a new mental health diagnosis for one (1) of four (4) PASARRs reviewed. Resident #29. Findings include: A review of the facility's policy, "Psychiatric Services: Statement of Purpose", revised January 2022, revealed, ...Procedure (2) (a) When a resident receives a new mental health diagnosis, a change in status form will be completed by the Psychiatric NP and the Licensed Social Worker and submitted to Mississippi Preadmission Screening and	F 646	A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 1/11/2024 the Social worker and Psychiatric Nurse Practitioner completed a Mississippi Preadmission Screening and Resident Review (PASRR) Level II Change in Status Request for resident #29. The completed request was submitted to the authorized agency on 1/11/2024. B. How the facility will identify other residents having the potential to be	2/9/24

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

Electronically Signed | 01/19/2024

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F 646	Continued From page 1 Resident Review (PASRR) requesting a Level II Screening. Record review of the "Face Sheet" revealed the facility admitted Resident #29 on 8/03/17 with diagnoses that included Major Depressive Disorder and Anxiety Disorder. Record review of Resident #29's "Diagnosis/History" revealed the diagnosis of Bipolar II Disorder had an "Onset" date of 5/20/2019, and the diagnosis of Delusional Disorders had an "Onset" date of 9/16/2020 which were added after her admission date of 8/03/17. An interview on 1/10/2024 at 11:40 AM, with Social Worker #1, revealed when a resident has a psychiatric change in diagnoses, the facility receives the diagnosis change from the Psychiatric Nurse Practitioner. At that time, the facility should submit a PASRR Level II change in status request. An interview on 1/10/24 at 12:20 PM, with Social Worker #2, confirmed that Resident #29's last PASRR was completed on 2/13/2014 and she has had two (2) two additional mental health diagnoses, Bipolar II Disorder and Delusional Disorders, since then. She confirmed the facility failed to submit a Level II change in status request for the new mental health diagnoses. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/4/2023 revealed Resident #29 had a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident is cognitively intact.	F 646	affected by the same deficient practice and what corrective action will be taken. All residents of James T. Champion Nursing Facility have the potential to be affected by the same deficient practice. C. What measures will be put into place, or systemic changes made to ensure that the deficient practice does not recur. On 1/12/24 the Nursing Home Administrator in-serviced all clinicians, social workers and the Director of Nursing on the process for completing and submitting a PASRR Level II Change in Status Request. On 1/11/24 the Minimum Data Set Department Coordinator completed a Resident Diagnosis History review of all residents since their admission date. This review identified 11 residents out of 60 who have had a psychiatric diagnosis added since their admission and required a PASRR Level II Change in Status Request to be completed. By February 1, 2024 a PASSR Level II Change in Status Request will be completed by social services and the psychiatric Nurse Practitioner and submitted to the authorized agency for the 11 residents identified by the diagnosis and history review.	

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F 646	Continued From page 2	F 646		

Any resident identified exhibiting changes in their mental health will be referred to Psychiatric Services for an evaluation. If a new mental health diagnosis is added by the provider, the provider will notify social services and a PASRR Level II Change in Status Request will be completed and submitted to the authorized agency.

D. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the Quality Assurance system.

On January 11, 2024 the Minimum Data Set Nurses began monitoring physician orders daily Monday through Friday for any new psychiatric diagnosis or psychiatric medications. Any new psychiatric diagnosis or psychiatric medication orders noted will be forwarded to the Quality Assurance Nurse and Social Services. The Quality Assurance Nurse will review the orders and follow up with Social Services to ensure that a Change In Status Request was completed and submitted to the authorized agency. This will be done daily x 3 months. All findings will be discussed in the Quality Assurance meeting on February 6, 2024. The Quality Assurance Committee will continue to review the monitoring and discuss any

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F 646	Continued From page 3	F 646	findings in the Quality Assurance meetings for 3 months or until 100% compliance is met for three consecutive months. On January 17,2024 a Quality Assurance Committee Meeting was held to discuss the deficient practice and and the solutions to ensure the deficient practice does not recur. Beginning February 6, 2024 James T. Champion's Consultant Pharmacist will begin monitoring 100% of residents charts monthly for new psychiatric diagnosis and new psychiatric medications and ensure a PASRR Level II Change is Status Request was completed and submitted to the authorized agency. This will be completed monthly and will be ongoing. Reports will be forwarded to the Quality Assurance Nurse and any deficiencies will be reported to the Quality Assurance Committee. On January 11, 2024 the Minimum Data Set Department began a monthly review of 100% of residents diagnosis history for new psychiatric diagnosis or any new psychiatric medications. If any new psychiatric diagnosis or new psychiatric medications are noted, it will be reported to the Quality Assurance Nurse and Social Services to ensure the PASRR Level II Change in Status Request was completed and submitted to the authorized agency. This will be done monthly and will be ongoing. Any deficiencies noted will be reported to the	

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F 646	Continued From page 4	F 646	Quality Assurance Nurse and discussed in the monthly Quality Assurance meetings.	