STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255328	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	**6434 A DALE DR MARION, MS 39342**

(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 a Complaint Investigation (CI), MS #23991, at the facility from 1/29/24 through 1/30/24 for a resident elopement. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F580. The facility was licensed for 120 beds and had a census of 72 at the time of survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580		2/29/24

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

Electronically Signed | 02/14/2024

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F 580	Continued From page 1 physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on the interview, record review, and facility policy review, the facility failed to notify the Resident Representative (RR) when a resident required a change in the level of care and required one-on-one (1:1) supervision due to confusion for one (1) of four (4) residents reviewed. Resident #1. Findings Include: A review of the facility's policy, "Notification of Change in a Resident's Condition or Status," revised 8/2/22, revealed " ...Policy Statement: Our facility shall promptly notify the resident, his	F 580	1. Resident #1(R1) had gotten out the building for approximately 36 seconds on 1/18/2024, R1 was assisted back into the building by therapy staff. R1 was assessed by Resident Care Coordinator (RCC) resulting in normal vital signs and no injuries, interviewed, offered activities and placed on 1:1 supervision due to confusion. R1 was placed in room closer to nursing station due to confusion. A 100% head count was conducted and verified on 1/18/2024 by the Registered Nurse (RN) supervisor according to the census that all residents were accounted	

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F 580	Continued From page 2 or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care) ...Policy Interpretation and Implementation ...5. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status ..." A record review of the facility's document "(Proper Name of Resident #1) Investigation", dated 1/20/24, revealed that on 1/18/24, Resident #1 had gotten out of the building for approximately 36 seconds. She was assisted back into the building by a therapy staff member. Resident #1 was assessed, interviewed, and placed on 1:1 supervision and offered activities due to her confusion. Review of the medical record revealed there was no documentation that the RR was notified that Resident #1 required 1:1 supervision due to her confusion and that she had walked out of the facility. On 1/29/24 at 12:00 PM, during an interview with the RR, he confirmed that the facility did not notify him that Resident #1 had walked out of the facility and that she required 1:1 supervision. On 1/30/24 at 12:10 PM, an interview with the Interim Director of Nursing (I-DON), she confirmed there was no documentation that Resident #1's RR had been notified of the event on 1/18/24. She stated the facility phoned the RR but did not leave a message. The I-DON confirmed she did not call the RR back later in the shift to inform him of the incident and stated	F 580	for. 2. All Residents have the potential to be affected by the same deficient practice. All residents were accounted for the night of 1/18/2024. All exit doors were checked for proper functioning by the Maintenance Director (MD). All exit doors received second alarms to sound and notify staff if doors opened by the MD and Administrator on 1/18/2024. The magnetic lock was replaced on the 200 hall door on 1/23/2024. 3. All Staff were inserviced beginning on 01/18/24 by Administrator, Interim Director of Nursing, and RN supervisors on elopement prevention and resident rights. All nursing staff was inserviced on 1/18/2023 on accurate documentation, and change in status notification policy. All nursing staff will be inserviced 100% to notify resident representatives(RR) of 1:1 supervision by 2/15/2024 4. Director of Nursing (DON), Resident Care Coordinator (RCC), and RN supervisor will review daily incident reports and residents placed on 1:1 supervision. DON, RCC, and Rn Supervisor will verify that RR are notified of any incident reports and 1:1 supervision. These audits will be conducted beginning 1/30/2024, Monday-Friday by DON and RCC x12 weeks. RN supervisors will conduct audits Saturday and Sunday x12 weeks beginning 1/30/2024. MD will check all exit doors Monday-Friday x12 weeks to ensure proper door functions beginning 1/19/2024. All audits will be reviewed by the Quality Assurance and Assessment	

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F 580	Continued From page 3 that the RR should have been notified and it should have been documented. She explained it was the facility's policy to notify the RR of any changes with the residents and she expected the nursing staff to follow the facility's policy. On 1/30/24 at 12:51 PM, in an interview with the Administrator, he explained that Resident #1 did not have any injuries and her vital signs were normal, so he felt the facility did not have to notify the RR. He stated that when he was made aware of the incident, he returned to the facility to investigate and review the video footage. He contended that it was not necessary for the facility to notify the RR of the investigation, the outcome of the investigation, or that Resident #1 required 1:1 supervision due to confusion. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 7/21/22 with current medical diagnoses including Alzheimer's Disease and Dementia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/7/23, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated her cognition was severely impaired.	F 580	Committee x 3 months beginning 2/15/2024 to ensure sustained compliance. Date of Compliance: 2/29/24	