STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey along with five (5) Compliant Investigations (CI MS #22889, CI MS #24211, CI MS #24345, CI MS #24347, and CI MS #24717), at the facility from 4/15/24 through 4/18/24. The SA investigated CI MS #24717 related to abuse, resident's rights, and quality of care, CI MS #24347 related to resident's rights and CI MS #22889 related to resident records and there were no deficiencies cited related to those complaints. CI MS #24211 was a Facility Reported Incident (FRI) related to abuse and there were no deficiencies cited related to the FRI. The SA investigated CI MS #24345 related to pressure sores and cited F656 and F686. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of the participation in Medicare and Medicaid and cited F550, F656, F689, F690, F851, F865, and F880. The facility had a census of 104 and had 115 certified beds.	F 000		
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 -	F 656		5/16/24

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

Electronically Signed | 05/09/2024

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F 656	Continued From page 1 (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 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 interviews, record reviews, and facility policy review, the facility failed to develop care plan interventions for a resident with a Urinary Tract Infection (UTI) (Resident #55) and for a	F 656	1) Care Plan for Resident #55 was updated by Minimum Data Set (MDS) nurse, on 04/17/2024. Resident #261 discharged from the facility on	

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F 656	Continued From page 2 resident with Substance Use Disorder (SUD) (Resident #57), and failed to implement a care plan intervention related to a low air loss mattress (Resident #261) for three (3) of 22 resident care plans reviewed. Findings include: A record review of the facility's policy "Plans of Care" with revision date 09/25/17 revealed " ... An individual person-centered plan of care will be established by the interdisciplinary team (IDT) with the resident and/or resident representative (s) to the extent practicable and updated in accordance with state and federal requirements ..." Resident #55 On 4/15/24 at 10:55 AM, during an interview, Resident #55 explained he had a UTI and was taking medication for the UTI. Record review of the "Admission Record" revealed the facility admitted Resident #55 on 9/1/22 and had current diagnoses including Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/29/24 revealed Resident #55 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. Section GG revealed he required total dependence for toileting hygiene and Section H revealed he was always incontinent of bowel and bladder	F 656	02/07/2024. Care Plan for Resident #57 was updated by MDS Nurse, to include substance abuse disorder and interventions on 05/07/2024. 2) All Residents with Urinary Tract Infections (UTI), history of substance abuse and that require a low air mattress have the potential to be affected by this alleged deficient practice. 3) MDS Nurse inservced on 04/22/2024 regarding completing and updating care plans accurately by Director of Nurses. MDS Nurse reviewed residents with UTI, history of substance abuse and use of a low air loss mattress to audit resident care plan for accuracy beginning on 04/22/2024 and continuing to 05/07/2024. Director of Nurses will audit daily orders to ensure care plan updates, beginning 04/22/2024 to 05/07/2024 4) The Director of Nurses will bring the audits to the Quality Assurance Performance Improvement Committee on 05/16/2024. On 04/22/2024, the audits will continue daily times two (2) weeks, then three (3) times a week for two weeks and then weekly for three (3) months. Audits will be brought to the Quality Assurance Performance Improvement Committee monthly for 3 months beginning 05/16/2024, and necessary as indicated.	

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F 656	Continued From page 3	F 656		

Record review of the "Order Summary Report" with active orders as of 04/16/24, revealed Resident #55 had a Physician's Order, dated 4/12/24, for Bactrim DS (an oral antibiotic) for UTI until 4/26/24. Further review revealed a Physician's Order, dated 4/4/24, for Macrobid (an oral antibiotic) for acute cystitis (bladder infection) with hematuria (blood in the urine).

Record review of Resident #55's Comprehensive Care Plan revealed there was no care plan with interventions developed related to the diagnosis of UTI.

At 03:00 PM on 4/17/24, during an interview and review of the comprehensive care plan, the Director of Nursing (DON) confirmed Resident #55 did not have a care plan in place for UTI and that care plans should be updated when new physician orders are received. The care plan should remain in place until the issue is resolved. She stated she expected care plans to be developed to ensure residents are receiving proper care.

On 04/17/24 at 3:45 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated she was responsible for resident care plans. She confirmed there was no care plan developed for Resident #55 related to his UTI and she confirmed he was currently taking antibiotic medication related to UTI. She explained the purpose of the care plan was for staff to know how to take care of the residents and she expected the staff to follow all resident care plans.

Resident #57

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F 656	Continued From page 4	F 656		

On 4/16/24 at 9:00 AM, an interview with Resident #57's family member revealed Resident #57 had a history of alcohol abuse since he had an accident which caused him to become paralyzed from the waist down. The family member commented that the resident has been drinking more lately and felt as if he needed some help with substance abuse. The family member stated the facility had not recommended any programs or behavioral health services related to SUD.

During an interview on 4/16/24 at 10:00 AM, with License Practical Nurse (LPN) #2 states, she explained that she was the care plan nurse. She confirmed Resident #57 had an alcohol abuse problem and the facility had not developed a care plan or had thought about putting interventions into place to assist the resident with SUD.

A record review of the "Admission Record" revealed the facility admitted Resident #57 on 8/2/23 with current diagnoses including Quadriplegia and Unspecified Injury at C1 Level of Cervical Spinal Cord.

A record review of the Annual MDS with an ARD of 3/20/24 revealed Resident #57 had a BIMS score of 15, which indicated he was cognitively Intact.

A review of the medical record for Resident #57 revealed there was no comprehensive care plan developed with interventions related to Substance Use Disorder (SUD).

Resident #261

Record review of the comprehensive care plan

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F 656	Continued From page 5 for Resident #261 with an initiation date of 12/08/23, revealed a Focus (Proper Name) has self-care deficits r/t (related to) needs assistance ...Intervention/Tasks ...THERAPEUTIC MATTRASS (mattress) ..." On 4/16/24 at 1:00 PM, in an interview with a family member of Resident #261, she explained she attended a care plan meeting with the facility and the Medical Doctor (MD) apologized to her during the meeting because the Resident #261 was moved from the skilled unit to the long term care (LTC) unit in January of 2024 and the facility did not move his air mattress to the new bed. On 4/17/24 at 10:00 AM, in an interview with the Director of Nursing (DON), she confirmed that when Resident #261 moved from the skilled unit to the LTC unit, the low air loss mattress that was ordered for him was not moved to his new bed. Record review of the "Admission Record" revealed the facility admitted Resident #261 on 9/26/23 with current diagnosis including Injury of Cervical Spinal Cord. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/2/2024 revealed Resident #261 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated he was cognitively intact.	F 656		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-	F 686		5/16/24

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F 686	Continued From page 6 (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure a Pressure Ulcer (PU) intervention related to an air mattress was continued after a room change for one (1) of three (3) residents reviewed for PUs. Resident #261 Findings include: Review of the facility's policy," Skin and Wound" revised 1/24/22, revealed, " ...To provide a system for identifying risk, and implementing resident centered interventions to promote skin health, prevention and healing of pressure injuries ...Process ...Pressure Injury Mitigation Strategies ...Develop resident centered interventions based on resident risk factors ..." Record review of the "Braden Scale" dated 10/17/23, revealed Resident #261 had a score of 17, which indicated he was at risk for PUs. Record review of the "Order Summary Report" revealed Resident #261 had a Physician's Order, dated 10/26/2023 for a "low air loss mattress." During an interview on 4/16/24 at 1:00 PM, with a	F 686	1) Resident #261 discharged from facility on 02/27/2024. Air mattress was placed on bed by Central Supply Director on 02/21/2024 2) Resident with orders for a low air loss mattress have the potential to be affected by this alleged deficient practice. 3) Clinical Staff were inserviced on skin/wound and ensuring interventions are in place, by the Director of Nurses on 04/18/2024. All Residents with air mattresses were identified and checked to ensure all air mattresses were in place, completed 05/07/2024. 4) The Director of Nurses began audit placement of all air mattresses ordered on 04/18/2024, two (2) times a week for two (2) weeks, then weekly for three months. Findings will be bought to the Quality Assurance Performance Improvement Committee by the Director of Nurses, monthly for 3 months starting 05/16/2024, to determine the effectiveness and make necessary changes as indicated.	

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F 686	Continued From page 7	F 686		

family member of Resident #261, she explained she attended a care plan meeting with the facility and the Medical Doctor (MD) apologized to her during the meeting because the Resident #261 was moved from the skilled unit to the long term care (LTC) unit in January of 2024 and the facility did not move his air mattress to the new bed. Resident #261 was sent to the hospital emergency room due to abnormal laboratory findings and she had the resident admitted to another facility after the hospital stay.

During an interview on 4/17/24 at 9:00 AM with the MD, he confirmed that he had apologized to Resident #261's family member during a care plan meeting because the facility did not ensure the low air loss mattress that was ordered for the resident was moved to his new bed when he was moved from the skilled unit to the LTC unit.

During an interview on 4/17/24 at 10:00 AM with the Director of Nursing (DON), she confirmed that when Resident #261 moved from the skilled unit to the LTC unit, the low air loss mattress that was ordered for him was not moved to his new bed.

Record review of the "Admission Record" revealed the facility admitted Resident #261 on 9/26/23 with current diagnosis including Injury of Cervical Spinal Cord.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/2/2024 revealed Resident #261 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated he was cognitively intact.