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 05/15/2024

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 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS# 24860) at the facility on 05/15/24. During the survey the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA investigated resident medications and client services and cited F580. The census at the time of the complaint investigation was 47 and they held a license for 60 beds.	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)	F 580		6/14/24

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

Electronically Signed | 06/02/2024

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F 580	Continued From page 1 is available and provided upon request to the 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 staff and resident Resident Representative (RR) interview, record review and facility policy review the facility failed to notify the RR of a change in a medication for one (1) of three (3) residents reviewed. Resident #1. Findings Included: Review of the facility policy titled, "Change of Condition and Physician/Family Notification" with a review date of January 2023 revealed "Purpose: To ensure that resident's family and/or legal representative and physician are notified of	F 580	1. Facility failed to notify the Responsible Party (RP) of a change in the medication for one of three residents. Registered Nurse (RN) 1 received one on one education on 5/15/24 on requirements of notifying the RP of new orders. On 5/17/24 the Director of Nursing (DON) and Assistant Director of Nursing (ADON) initiated calls to RPs to review medications to ensure the RP was notified of any new orders. 2. All residents that receive new orders or	

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F 580	Continued From page 2 resident changes that fall under the following categories: ...A need to significantly alter treatment.. Procedure... the licensed nurse will contact the resident's family and their physician." On 05/15/24 at 9:20 AM, an interview with Resident #1's RR revealed that Resident #1 was admitted to the facility on 03/06/24 for skilled therapy services. She revealed that he had Diabetes Insipidus and had been on Hydrocortisone and Desmopressin medications since 1980. The RR revealed the Family Nurse Practitioner (FNP) at the facility discontinued the Hydrocortisone because of a possible reaction between the two drugs and did not notify her of this change. She revealed that if the FNP had called her, she could have explained his medical condition and why it was important that he continued this medication. On 05/15/24 at 9:50 AM, an interview with the Director of Nursing (DON) revealed on 03/07/24, the Assistant Director of Nursing (ADON) received a phone call from the pharmacist that Hydrocortisone could cause a drug interaction with Desmopressin Acetate and recommended that one of the two drugs be discontinued. The ADON called the FNP, who gave the order to stop the hydrocortisone. The DON revealed that the RR called and talked to the FNP on 03/25/24 and the FNP went back and ordered it after the family explained that he had been on these medications for a long time. On 05/15/24 at 1:28 PM, a phone interview with the FNP, revealed Resident #1 was a new resident transferred to them from the hospital. She revealed that the pharmacist recommended that hydrocortisone and another drug not be	F 580	have a change in condition have the potential to be affected by the deficient practice. 3. DON and Staff Development Coordinator (SDC) initiated an in-service to Nurses on 5/15/24. on Change of Condition and Physician/Family Notification to ensure that resident's family and/or legal representative are notified of resident changes. 4. DON, ADON, and Medical Records will perform audits of new orders to ensure notification of resident responsible party's of changes beginning the week of 5/27/24. Audits will be performed weekly times four weeks, then two times per month for 3 months, then one time per month thereafter for three months. Findings of the audits will be brought to the Quality Assurance Committee by DON for review beginning June 13, 2024 for 3 months.	

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F 580	Continued From page 3	F 580		

administered together and asked if one could be stopped. The FNP revealed that anytime a medication was changed, they were supposed to notify the resident's family.

On 05/15/24 at 1:45 PM, an interview with the ADON, revealed that their normal protocol was to send the hospital discharge orders on a new resident to the FNP to review for approval. The ADON revealed that on 03/07/24, a pharmacist called and said it was not safe to give the Hydrocortisone and the Desmopressin together due to severe drug to drug interactions and that a decision needed to be made. The ADON revealed that she called the FNP, and told her what the pharmacist had recommended, and the FNP ordered to stop the Hydrocortisone 10 milligrams (mg). The ADON revealed that they were supposed to contact the family with any changes including a medication change and that they failed to do that. The ADON revealed that she never tried to call the RR about this medication change because the FNP was rounding the next day and planned on talking to them. The ADON stated, "I guess we messed up on that deal." She revealed that the resident was new to them, they weren't familiar with his history, and were thinking about the safety of the resident. The ADON revealed that from now on when there was a change, she would make sure and notify the resident family.

On 05/15/24 at 3:10 PM, an interview with the Director of Nursing (DON) revealed that they were supposed to notify the resident's RR of any changes with the resident including a change in medication. She revealed the nurse or FNP should have notified Resident #1's RR of the medication change.

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F 580	Continued From page 4	F 580		

Record review of Resident #1's "Progress Notes" dated 03/07/24 at 14:12 (2:12 PM) revealed, "Note Text: Desmopressin Acetate Oral Tablet 0.2 MG (Desmopressin Acetate) Give 1 tablet by mouth one time a day for ENDOCRINE AND METABOLIC AGENT. Start Date: 3/7/2024. Notified FNP that (Proper Name of Pharmacy) called spoke with (Proper Name) r/t (related to) this resident is receiving the above medication and Hydrocortisone Tablet 10 MG and can cause a drug interaction, (Proper Name) asked if one of the mediations could be dc(ed) (discontinued), FNP (Proper Name) gave phone order to dc Hydrocortisone Tablet 10 MG." This progress note was signed by the ADON.

Record review of Resident #1's Physician Orders revealed that Hydrocortisone 10 mg tablet was ordered by mouth two times a day on 03/06/24 and that this order was discontinued on 03/07/24.

Record review of Resident #1's "Medication Administration Record" for March 2024 revealed that he received one dose of Hydrocortisone 10 mg on 03/06/24 at 5PM and he received one dose on 03/07/24 at 900 AM and that it was discontinued on 03/07/24 at 2:19 PM.

Record review of Resident #1's "Admission Record" revealed Resident #1 was admitted on 3/06/2024 and had diagnoses that included Diabetes Insipidus and Weakness.

Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/13/2024, Section C revealed a Brief Interview for Mental Status (BIMS) score of 09 which indicated that he had moderate cognitive

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F 580	Continued From page 5 deficits.	F 580		