

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255226		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2024	
NAME OF PROVIDER OR SUPPLIER NATCHEZ REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 344 ARLINGTON AVENUE NATCHEZ, MS 39120			
(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 survey and Complaint Investigation (CIs), MS #25278 and CI MS 25372, at the facility from 6/2/24 through 6/5/24. The SA investigated CI MS # 25278 for quality of care, related to turning, incontinent care, and call bells being inoperative. CI MS #25372 was investigated regarding poor quality of care and infection control. There were no citations related to the complaints. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F679 and F851.			F 000			
F 679 SS=D	The facility was licensed for 58 beds and had a census of 54 at the time of survey. Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record reviews, and facility policy reviews, the facility failed to provide an ongoing weekend activity program to support residents in			F 679	Preparation and submission of this plan of correction by Natchez Rehabilitation and Healthcare Center does not constitute an		7/20/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/21/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 679	Continued From page 1 their choice of activities for two (2) of seventeen (17) sampled residents. Resident #18 and Resident #47. Findings Include: A review of the facility policy titled, "Activity Program," dated 2001 revealed, "Policy Statement: An ongoing program of activities is designed to meet the needs of each resident ...Policy Interpretation and Implementation... 6. Individualized and group activities are provided that- a. Reflect the schedule, choices, and rights of the residents; b. Are offered at hours convenient to the residents, including evenings, holidays, and weekends; c. Reflect the cultural and religious interests of the residents ..." During the resident council meeting on 6/02/24 at 2:00 PM, several residents expressed they were disappointed the facility was not providing group activities on the weekend. The residents revealed that the facility leaves coloring books and puzzles for them, which makes them feel belittled and insulted because those are children's activities. Resident #18 On 6/5/24 at 9:10 AM, during an interview with Resident # 18, she revealed she regularly volunteers to do activities with the residents. She pointed out that activities on weekdays are not done consistently. They have not had services on Sunday in several weeks, despite it being listed on the calendar. She said that she and the others have repeatedly expressed to the Activities Director that they are offended by the puzzles and coloring sheet activities, because they are not second and third graders. She exclaimed that the	F 679	admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws. 1. On June 18, the Administrator and Director of Nursing completed updated activity evaluations on Resident #18 and Resident #47. 2. 52 residents had the potential to be affected by not having a consistent weekend activity program. 3. On June 14, 2024, the Administrator educated the Activity Director on the requirement of weekend activity programs.Beginning June 14, 2024, the Administrator will ensure the Activity Director is scheduled on weekends to perform activities that meet the residents' interests, hobbies, and cultural preferences. If the Activity Director is not available on the weekend, the Registered Charge Nurse will be responsible for ensuring weekend activities occur. 4. Beginning June 18, 2024, the Social Services Director will conduct Activity Life Satisfaction rounds weekly for 4 (four) weeks then monthly for 3 (three) months to ensure weekend activity programs meet the residents' interest, hobbies, and cultural preferences. The Social Services Director will submit a report to the Quality Assurance Performance Committee for review and recommendations on July 16, 2024, and monthly thereafter for 3 (three) months. The Administrator will be		

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F 679	Continued From page 2 people around here think because these residents are in the nursing home, they are brain-dead. They do not realize we are still adults with adult minds, so they need to provide better weekend activities that are more age appropriate. Record review of the "Admission Record" for Resident #18 revealed the facility admitted the resident on 10/28/22 with diagnoses including Malignant Neoplasm of Upper Outer Quadrant of Right Breast and Osteoporosis. Record review of the Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 1/17/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #18 was cognitively intact. Review of Section F revealed it is very important to the resident to have books, newspapers, and magazines, listen to music, be around pets, keep up with the news, do things with groups of people, do her favorite activities, get outside and get fresh air, and participate in religious practices. Resident #47 On 6/2/24 at 10:00 AM, upon Sunday's arrival at the facility, Resident #47 was observed alone in the activity area, seated at a table, looking at a blank television screen while in his wheelchair. The observation revealed that there were no churches services being held, although it was scheduled on the calendar. During an in-room interview with Resident #47 on 6/02/24 at 02:42 PM, he revealed that on the weekends, he does not have much to do regarding activities. He stated that he likes being among people and going outside but doesn't get	F 679	responsible for monitoring.		

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F 679	Continued From page 3 to do that as much as he would like. On 6/3/24 at 12:22 PM, in an interview with Resident # 47, he indicated he is bored on the weekends, does not like to do puzzles or coloring, and wished there were more fun stuff to do. Record review of the "Admission Record" for Resident #47 revealed the facility admitted the resident on 4/24/24 with diagnoses that included Hypertension and Chronic Kidney Disease. Record review of the Admission MDS, with an ARD of 5/1/24, revealed a BIMS score of 10, which indicated Resident #47 had moderate cognitive impairment. Review of Section F revealed it was very important to the resident to do things with groups of people, perform his favorite activities, go outside to get fresh air when the weather is good, listen to music, and have books, newspapers, and magazines to read. On 6/2/24 at 10:28 AM, in an interview with the Activity Director, she indicated she does not come in on Saturdays or Sundays, and there is no other staff assigned to do activities on the weekend. She mentioned that a Certified Nursing Assistant (CNA) or nurse is "supposed to do" the morning exercises with residents, but there is no specific assignment. She also mentioned that, as referenced on the monthly activity calendar, there are coloring sheets and word puzzles for the residents to entertain themselves on the weekends. On 6/4/24 at 9:20 AM, in an interview with the Activity Director, she indicated they have not had church services in several weeks because the pastor, who used to come passed away. She	F 679			

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F 679	Continued From page 4 added that they have been working on getting someone else scheduled. On 6/5/24 at 10:43 AM, during an interview with CNA #1, she revealed she has worked in the facility for the last seven years and confirms working in the facility on the weekends from time to time. She indicated that many residents watch television on the weekends, and some of them may do puzzles for activities. She also stated that no nurses or CNAs perform any type of activity with the residents from what she has observed while working on the weekends. On 6/5/24 at 10:46 AM, in an interview with the Administrator, she revealed activities are very important to their residents and that having activities can help keep them alive and going. She indicated she cannot say when the Activities Director has last reassessed the current residents to ensure the puzzles and color sheets meet their desired form of activity on the weekends. A record review of the Activity Calendar, for the month of June revealed that on both weekend days (Saturday and Sunday), the activities listed were an 8:30 AM Sit and Fit Exercise program, at 2:00 PM, there were independent activities listed, with in-room materials available at the nurse's desk, and at 6:00 PM, the activity listed was Word Puzzles/Coloring Sheets. There was an additional activity listed for Sunday, which included church services at 10:00 AM.	F 679			
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(q)(1)-(5) §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform	F 851		7/20/24	

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F 851	Continued From page 5 format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).	F 851			

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F 851	Continued From page 6 §483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS. §483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on interviews and record review of the Certification and Survey Provider Enhanced Reports (Casper) reporting data review, the provider failed to ensure their Payroll Based Journal (PBJ), (information on the staffing hours for the appropriate care of the residents) had been corrected before submitting to the Center for Medicare and Medicaid Services (CMS) for the first Quarter of the 2024 Fiscal Year (October 1, 2023-December 31, 2023). Findings Include: Review of the provider's Casper reporting data revealed the facility triggered excessively low weekend staffing for the first quarter of the 2024 fiscal year. Record review of facility policy titled, "Staffing Policy," revised October 2017 revealed, "Policy	F 851	1. On June 3, 2024, the Administrator and Director of Nursing completed an audit of all direct care hours worked October 1, 2023 thru December 31, 2023. Any direct care hours worked by Department Managers/Salaried Staff, that were not submitted correctly for Payroll Based Journal purposes, were immediately corrected in the facility's payroll system. 2. The resident daily population was not affected by the practice of not correctly reporting and submitting Department Managers/Salaried Staff hours, worked in direct care, to Centers for Medicare and Medicaid. 3. On June 6, 2024, the Administrator educated the Human Resources Generalist on mandatory submission of staffing information based on payroll data.		

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F 851	Continued From page 7 Statement: Our facility provides sufficient numbers of staff with skills and competency necessary to provide care and services for all residents in accordance with resident care plans and facility assessment. Policy interpretation and implementation 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. 2. Staffing numbers and skill requirements of direct care staff are determined by the needs of residents based on each plan of care ... 4. Direct care staffing information per day... is submitted to CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter ..." On 06/03/24 at 1:45 PM, an interview with the Director of Nurses (DON) revealed she is responsible for making schedules monthly for Certified Nurse Aides (CNA) and Nurses. She explained the facility nurses operate on 8 (eight) hour shifts, with staffing 4 -5 (four to five) CNAs on the 7:00 AM to 3:00 PM shift; 3-4 (three to four) CNAs work on during the 3:00 PM to 11:00 PM shift, and 2-3 (two-three) CNAs work on the 11:00 PM to 7:00 AM shift. The facility has 2 (two) Licensed Practical Nurses (LPNs) that serve as medication carts nurses on each shift and a Registered Nurse (RN)/Charge Nurse that works 7:00 AM to 3:00 PM on weekdays and 6:00 AM to 6:00 PM on Saturdays and Sundays. The DON also revealed that the facility has PRN (as needed) staff to fill in gaps on weekends. A record review of facility staffing of the facility staffing grid and working schedule for October 1, 2023-December 31, 2023, revealed sufficient staffing.	F 851	On June 6, 2024, all Department Managers/Salaried Staff were in-serviced on reporting all hours, worked in direct care, to the Human Resources Generalist. 4. Beginning June 19, 2024, all Department Managers/Salaried Staff will be required to submit a Payroll Edit form to the Human Resources Generalist, for any hours worked in direct care, on a daily basis. Beginning June 20, 2024, the Corporate Payroll Based Journal Coordinator will confirm receipt of direct care hours, worked by Department Managers/Salaried Staff, bi-weekly for 2 (two) months and then quarterly for 1 (one) year. The Human Resources Generalist will submit a report to the Quality Assurance Performance Committee for review and recommendations on July 16, 2024, and monthly thereafter for 4 (four) months. The Administrator will be responsible for monitoring.		

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F 851	Continued From page 8 During an interview on 6/03/24 at 2:13 PM, the Administrator and HR Generalist confirmed the facility failed to accurately report there were sufficient staff to meet the facility needs. She revealed the HR (Human Resource) Generalist is responsible for putting staffing hours into the system. However, the HR Specialist was new and unaware that she was supposed to submit documentation to the corporate office regarding the staff that worked and salaried employees that work additional hours as needed to meet the needs of the residents, and any overtime hours. The Administrator explained that the facility system data is submitted to the Corporate office, and that, along with any additional staffing hours submitted by the HR Specialist, are added to adjust the hours prior to the Corporate office submitting the PBJ to CMS. The Administrator confirmed she was not aware the PBJ triggered low weekend staffing for the first quarter for excessively low weekend staff. The HR Generalist confirmed that after working with the corporate office to investigate the issue regarding the reported low weekend staffing during the first quarter of the 2024, the facility had failed to accurately report additional staffing hours that were worked to corporate. Those addition staffing hours would have been added by the corporate office to the system prior to submission of the PBJ to CMS.	F 851			