STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255138	A. BUILDING _____ B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLAND HEALTH AND REHABILITATION	16056 BOUNDRY DRIVE ASHLAND, MS 38603

(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 re-certification survey at the facility from 2/24/25 through 2/27/25. During the survey, the SA determined that the facility was not in compliance with the Medicare and Medicaid regulations for participation and cited regulatory deficiencies F 656 and F 699. Census at the time of survey was 53 and the facility is licensed for 60.	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 - (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	F 656		3/25/25

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

Electronically Signed | 03/11/2025

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F 656	Continued From page 1 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 resident and staff interview, record review, and facility policy review, the facility failed to develop a resident specific comprehensive care plan that identified trigger specific interventions for a resident with a diagnosis of Post Traumatic Stress Disorder (PTSD) for one (1) of 19 care plans reviewed. Resident #45 Findings Include: Review of the facility policy titled "RAI (Resident Assessment Instrument)/Care Planning Management" with a revision date of 4/2019 revealed under, "The Care Plan: The Comprehensive Care Plan is completed within seven (7) days after the MDS (Minimum Data Set) is completed and reviewed quarterly	F 656	Preparation and submission of this plan of correction by Ashland Healthcare and Rehabilitation, Ashland, MS does not constitute an admission agreement by the provider of the truth, or the facts alleged, or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is submitted and prepared solely pursuant to the requirements under the federal and state laws. F656 1. On 2/27/25 and by Director of Nurses, Resident #45 had care plans revised to include triggers or trigger-specific interventions for Post Traumatic Stress	

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F 656	Continued From page 2 thereafter." Review of the facility policy titled "Trauma Informed Care" with a revision date of 10/2022 revealed under, "Policy Explanation and Compliance Guidelines: ... 4. The facility will collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and any other health care professional to develop and implement individualized care plan interventions. ... 6. The facility will identify triggers, which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident, and will be added to the residents care plan..." Record review of Resident #45's "Care Plan Report" revealed under, "Focus: The resident uses psychotropic medications r/t (related to) anxiety and depression and PTSD (Post Traumatic Stress Disorder)." The care plan was not developed for triggers or trigger-specific interventions for PTSD. On 2/26/25 at 8:50 AM, an interview with Resident #45 confirmed that he suffered from Post Traumatic Stress Disorder due to serving in combat and some childhood mistreatment. He admitted that loud noises and other certain things bothered him leading to less sleep, which increased his anxiety. An interview with the Minimum Data Set (MDS) Nurse on 2/26/25 at 9:15 AM confirmed Resident #45's Post Traumatic Stress Disorder (PTSD)	F 656	Disorder. 2. Four (4) residents out of a total census of fifty-three (53) with a positive Trauma Informed Care Evaluation had the potential to be affected. 3. On 3/4/2025, Audits were completed by Nursing, Social, MDS (Minimum Data Set) Nurse and Administration on 53 current residents completing the Trauma Informed Care Evaluation. Four (4) positive evaluations were found. All positive evaluations were Care Planned for triggers affecting residents. On 3/4/2025, Inservice was completed by Director of Nurses with Nursing staff and Interdisciplinary Team for person-centered care plan for each individual resident that has a positive Trauma Informed Care Evaluation to include triggers or trigger-specific interventions. On 3/5/2025, MDS (Minimum Data Set) Nurse and Director of Nurses conducted an audit to ensure residents have person-centered care plans in place to include triggers for positive Trauma Informed Care Evaluations. 4. Audits will be conducted weekly for four (4) weeks, then monthly for three (3) months for all new admissions, readmission and catastrophic events to ensure that triggers are care planned for each resident with a positive Trauma Informed Care Evaluation, Post Traumatic Stress Disorder and other catastrophic events that occur. The report of audit findings will be reviewed weekly by Administrator and brought to the Quality Assurance/Performance Improvement Committee for review recommendations	

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F 656	Continued From page 3 care plan was not developed to include trigger specific interventions. She admitted that the staff would not know what the residents' triggers were because they were not listed. On 2/26/25 at 9:24 AM, an interview with the Administrator (ADM) confirmed that Resident #45's care plan should have reflected his history of trauma and been developed so that staff would know how to care for the resident. Record review of the "Admission Record" revealed the facility re-admitted Resident #45 on 10/02/24 with medical diagnoses that included Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, and Major Depressive Disorder. Record review of the MDS with an Assessment Reference Date (ARD) of 1/13/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #45 was cognitively intact.	F 656	monthly for three (3) months starting on March 20, 2025. The Director of Nurses will be responsible for monitoring and compliance.	
F 699 SS=D	Trauma Informed Care CFR(s): 483.25(m) §483.25(m) Trauma-informed care The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, record review, and facility policy review, the facility failed	F 699	F 699 1. On 2/27/2025 and by the	3/25/25

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F 699	Continued From page 4 to complete a trauma informed care assessment for a resident with a diagnosis of Post Traumatic Stress Disorder (PTSD) for one (1) of 53 residents residing in the facility. Resident #45 Findings Include: Review of the facility policy titled "Trauma Informed Care" with a revision date of 10/22 revealed, "Standard: It is the standard of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally-competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization..." Record review of the "Admission Record" revealed the facility re-admitted Resident #45 on 10/02/24 with medical diagnoses that included Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, and Major Depressive Disorder. Record review of the "Admission Social History" dated 10/03/24 for Resident #45 revealed there was no documentation regarding Post Traumatic Stress Disorder. Record review of the "Trauma Screen" for Resident #45 dated 11/21/23 revealed, under, "2. Have you ever experienced a type of event that was unusually or especially frightening, horrible, or traumatic? No" was answered. Also revealed under, "C. War? No and "D. Physical, emotional or sexual abuse at any age? No" was answered. An interview with Resident #45 on 2/26/25 at 8:50	F 699	Administrator, Resident #45 had a Trauma Informed Care Evaluation completed including triggers or trigger-specific interventions for Post Traumatic Stress disorder. 2. Fifty-three (53) residents had the potential to be affected. 3. On 3/10/25, Audits on Social Service Progress notes were completed by Social Services and Director of Nurses to ensure that triggers or trigger-specific interventions for positive Trauma Informed Care evaluations, Post Traumatic Stress Disorder diagnosis and all specified traumas are documented, and care plans are person-centered for each of the four (4) positive residents. On 3/4/2025, Inservice was completed by Administrator to Social Services Director and Assistant on Trauma Informed Care policy and on specified positive Trauma Informed Care Evaluations, Post Traumatic Stress Disorder diagnosis and all specified traumas and triggers are documented. 4. Audits on new admits and readmissions will be conducted weekly for (4) four weeks, then monthly for three (3) months to identify triggers on residents with positive trauma screen, Post Traumatic Stress Disorder and Catastrophic events to ensure proper Social Services documentation is completed on 3/04/2025. The report of audit findings will be reviewed weekly by the Administrator and brought to Quality Assurance/Performance Improvement Committee for review recommendations monthly for three (3) months starting on March 20, 2025. The Administrator will be	

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F 699	Continued From page 5 AM revealed he did suffer from Post Traumatic Stress Disorder and explained that certain things bothered him (triggers). He revealed that he served 4 years in the marines and served in combat. Resident #45 explained he also experienced traumatic events and was mistreated as a child, and was out on his own at the age of 16. He stated that if he does not get enough sleep at night, his anxiety increases and his mood suffers. He admitted that he has had roommates in the past that kept him up at night, which exacerbated his symptoms and confirmed that loud noises and a noisy environment bothered him (triggers). Resident #45 stated that he would love to have more freedom in the facility and explained it was difficult to transition from being at home. An interview with Licensed Practical Nurse (LPN) #1 on 2/26/25 at 8:55 AM revealed she was not aware Resident #45 had any triggers. She stated that the resident had not reported anything to her. An interview with Registered Nurse (RN) #1 on 2/26/25 at 9:02 AM confirmed that Resident #45 did get upset and anxious at times and would pick at his skin. RN #1 revealed when the resident was upset, he would come and tell the staff, and they would talk it out, but admitted that she was not aware of any triggers. An interview with Certified Nurse Aide (CNA) #1 on 2/26/25 at 9:05 AM confirmed that Resident #45 did not like loud noises and explained that the resident gets irritated with a lot of people around in his room. An interview with Social Services (SS) #1 on 2/26/25 at 9:09 AM confirmed that she was aware	F 699	responsible for monitoring and compliance.	

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F 699	Continued From page 6	F 699		

Resident #45 had Post Traumatic Stress Disorder. She confirmed that her social assessment did not mention the residents' history of combat/military service or traumatic childhood events. She acknowledged that she did not discuss his potential triggers. SS #1 explained that she knew the resident was in the military and voiced that was all she knew, and confirmed she did not make a note of it. She confirmed the residents' trauma assessment should have identified his history and potential triggers so that staff were aware of what things could cause re-traumatization.

An interview with the Director of Nursing (DON) on 2/26/25 at 9:18 AM confirmed that the trauma assessment should have reflected his history along with his triggers. She admitted that Resident #45 had some adjustment issues after re-admitting to the facility and confirmed that the resident got nervous and picked at his skin sometimes.

An interview with the Administrator (ADM) on 2/26/25 at 9:24 AM confirmed that Resident #45 should have had a trauma screen on admit that accurately reflected his history of trauma and triggers so that staff would know how to care for the resident.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/13/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #45 was cognitively intact.