STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255287	A. BUILDING _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE PASS CHRISTIAN, MS 39571

(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 #28011), at the facility on 3/6/25. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #28011 was investigated for neglect, resident safety, and unwitnessed falls and F580 and F842 was cited. The facility remains out of compliance from a previous complaint survey conducted from 2/5/25 through 2/7/25. The facility held a license for 60 beds and had a census of 53 at the time of the 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).	F 580		3/21/25

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

Electronically Signed | 03/13/2025

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 580	Continued From page 1 (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 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 interview, record review, and facility policy review, the facility failed to notify the medical provider until the next day that Resident #1, who was prescribed apixaban (an anticoagulant medication), had a fall for one (1) of three (3) sampled residents (Resident #1). Findings include: A review of the facility's policy titled "Notification	F 580	This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared solely because of the provisions of State and Federal Laws. 1) A root cause analysis was conducted by the Interdisciplinary Team and based	

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F 580	Continued From page 2 of Change in Condition," revised 12/16/2020, revealed, " ...Policy: The Center to promptly notify the Patient/Resident, the attending physician, and the Resident Representative when there is a change in the status or condition. Procedure...The nurse to notify the attending physician and Resident Representative when there is a(n): Accidents ..." A record review of the "Admission Record" revealed the facility admitted Resident #1 on 5/22/24 with current diagnoses including Muscle Weakness. A record review of the facility's fall investigation, dated 2/18/25 at 5:42 PM, revealed Resident #1 had a fall in the dining room and the Nurse Practitioner (NP) was not notified until the following day on 2/19/25. A record review of the facility's "Change in Condition (SBAR)" form, dated 2/18/25 at 5:42 PM, which was the time of the fall, revealed " ...C. Review and Notify 1. Primary Care Clinician Notified ...2. Date/Time notified ...3. Recommendation of Primary Clinician ..." were blank with no indication of physician notification of the fall and/or change in resident's condition. A record review of the Medication Administration Record (MAR) for February 2025, revealed Resident #1 was administered Apixaban (anticoagulant medication) two times daily for the month of February. A record review of the "Discharge Instructions" from the local Emergency Department (ED), dated 2/19/25, revealed Resident #1 had a diagnosis of "Fall; Left hip pain; Low back pain."	F 580	on findings the Director of Nursing provided education to Licenses Practical Nurse #2. Resident #1's Nurse Practitioner was notified on 02/19/2025 regarding the fall that occurred on 02/18/2025. 2) All Residents with falls or at risk of falls have the potential to be affected by this alleged deficient practice. 3) Education with the Executive Director and Director of Nursing was conducted on 03/12/2025 by the Regional Director of Clinical Services on notification of fall or accident of a Resident to the attending physician or Nurse Practitioner, promptly. Notification will be documented in the Electronic Health Record. Education with the Licensed Nurses was conducted on 03/12/2025 and finished on 03/14/2025 by the Director of Nursing on notification of fall or accident of a resident to the attending physician or nurse practitioner, promptly. Notification will be documented in the Electronic Health Record. 4) Quality Monitoring will be conducted starting 03/07/2025 by the Director of Nursing, Medical Records Clerk or Unit Manager twice weekly x 4 weeks then weekly for 2 months to ensure notification to Attending Physician or Nurse Practitioner was made promptly post fall or accident. All findings will be reported to the Quality Assurance and Performance Improvement Committee starting	

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F 580	Continued From page 3 On 3/6/25 at 12:45 PM, an interview with License Practical Nurse (LPN) #1 confirmed that Resident #1 was found sitting on the floor attempting to get up on 2/18/25. She assisted the residents' nurse (LPN #2) with an assessment and then assisted the resident to her wheelchair and took her to her room. On 3/6/25 at 1:00 PM, in an interview, the Director of Nurse (DON) confirmed on 2/18/25 Resident #1 had a fall, and the medical provider was not notified until the following day on 2/19/25. She confirmed that it is the facility's policy to notify the medical providers following any type of fall. On 3/6/25 at 1:15 PM, during an interview with the NP, she confirmed that she was notified on 2/19/25 of Resident #1's fall that occurred on 2/18/25. She stated after she was notified, she requested the resident be sent to a local ED for evaluation and treatment. She confirmed if she had been notified immediately after the fall, she would have ordered the resident to be sent to the ED at that time. On 3/6/25 at 1:45 PM, during an interview, LPN #2 confirmed that she was Resident #1's nurse at the time of the fall she did not report the fall incident to the NP on 2/18/25, following the incident.	F 580	03/20/2025 and then monthly for 3 months.	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public.	F 842		3/21/25

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F 842	Continued From page 4	F 842		

(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(h) Medical records.
§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or

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F 842	Continued From page 5 unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to ensure that resident records were complete and accurate, as evidenced by missing documentation of a post-fall assessment, including vital signs, for one (1) of three (3) sampled residents (Resident #1). Findings include: A review of the facility's policy "Fall Management," revised 7/29/2019, revealed, "...C. Post Fall Strategies: 1. Resident will be evaluated and post fall care provided..."	F 842	1) A root cause analysis was conducted by the Interdisciplinary Team and based on the findings the Director of Nursing conducted education with Licensed Nurse #2 on post fall assessment and documentation to include vital signs. Resident #1 was assessed by Nurse Practitioner on 02/19/2025. 2) All Residents have the potential to be affected by this alleged deficient practice. 3) Education was conducted on 03/12/2025 with the licensed nurses by the Director of Nursing and Regional	

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F 842	Continued From page 6 A record review of the "Admission Record" revealed, the facility admitted Resident #1 on 5/22/24 with current diagnoses including Muscle Weakness. A record review of the facility's fall investigation, dated 2/18/25 at 5:42 PM, revealed, "Immediate Action Taken" included that the nurse assessed vital signs and range of motion (ROM) for the resident. The resident demonstrated active ROM for all extremities and verbally denied pain or discomfort. The resident was assisted back to her wheelchair and taken to her room and placed in her bed. A record review of the electronic clinical record for Resident #1 at the time of survey including the "Change in Condition (SBAR)" had a "Status" indicating "Errors" A record review of the facility's "Change in Condition (SBAR)" form, dated 2/18/25 at 5:42 PM, which was the time of the fall, revealed the form was incomplete and did not include information including recent vital signs. The form indicated a "Medication Alert" due to "Resident/patient is on other anticoagulant ..." A record review of the Medication Administration Record (MAR) for February 2025, revealed Resident #1 was administered Apixaban (anticoagulant medication) two times daily. On 3/6/25 at 12:45 PM, an interview with License Practical Nurse (LPN) #1 confirmed that Resident #1 had a fall and she assisted LPN #2 with assessing the resident before taking her to her room.	F 842	Director of Clinical Services on Fall Management. Residents with a fall will have a post fall evaluation to include vital signs. Residents will be evaluated every shift for 72 hours. Any changes in condition will be reported to the attending Physician or Nurse Practitioner. New hires will be educated during orientation. 4) Quality Monitoring will be conducted starting 03/07/2025 by the Director of Nursing, Unit Manager or Medical Records Clerk twice a week x 4 weeks then weekly for 2 months to ensure post fall evaluations are completed to include vital signs. Findings will be reported to the Quality Assurance and Performance and Improvement Committee starting on 03/20/2025 and then monthly for 3 months.	

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F 842	Continued From page 7 During an interview with the Director of Nursing (DON) on 3/6/25 at 1:00 PM, she confirmed Resident #1 had a fall on 2/18/25, and Resident #1's nurse did not complete a detailed evaluation of the resident, including documentation of vital signs following the fall. She stated it was the facility's policy for an assessment with vital signs to be performed and recorded following a fall. During an interview with LPN #2, on 3/6/25 at 1:45 PM, she confirmed that she did not perform vital signs immediately after the fall, but she did perform an assessment. She stated she was very busy following the fall and failed to record the outcome of her assessment.	F 842		