STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #2608320 and CI MS #2607032 at the facility from 9/2/25 through 9/4/25. Both CIs were Facility Reported Incidents investigated for allegations of abuse and there were no citations related to those investigations. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F605 and F656. The facility had a census of 51 and was licensed for 60 beds.	F0000		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any	F0605		

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0605 SS = D	Continued from page 1 physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0605 SS = D	Continued from page 2 §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure a PRN (as needed) psychotropic medication order was limited to (14) days or that the prescribing practitioner documented the rationale for extending therapy, including the duration of use, as required, which resulted in a resident continuing to receive Lorazepam beyond the regulatory limit without appropriate justification, for one (1) of five (5) residents reviewed for unnecessary medications. Resident #10 Findings include: A review of the facility's policy, "Medication Management–Psychotic Medications," with a revision date of 2/21/25, revealed, "… Compliance Guidelines: … 8. PRN physician orders for psychotropic medications are	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0605 SS = D	Continued from page 3 limited to 14 days. Except, if the physician or prescribing practitioner believes that it is appropriate to extend beyond 14 days and documents the rationale in the medical record…" A record review of the "Admission Record" revealed the facility admitted Resident #10 on 5/12/23 and readmitted on 12/20/24 with current diagnoses including Anxiety and Atherosclerotic Heart Disease. A record review of Resident #10's "Order Summary Report" revealed an active order dated 7/31/25 for Lorazepam 0.5 milligrams (mg), give two (2) tablets by mouth every two (2) hours as needed for anxiety/terminal agitation PRN. The order had no stop date. A record review of Resident #10's Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated he was moderately cognitively impaired. The MDS indicated the resident was on hospice care. A record review of the "Electronic Medication Administration Record" (eMAR) for August 2025 revealed Lorazepam was administered on 14 separate days (8/1/25, 8/3/25, 8/5/25, 8/6/25, 8/10/25, 8/11/25, 8/12/25, 8/13/25, 8/15/25, 8/16/25, 8/17/25, 8/26/25, 8/27/25, 8/30/25, 8/31/25). Documentation revealed only one day (8/26/25) when the resident exhibited behaviors. A record review of the "eMAR" for September 2025 revealed Lorazepam was administered on 9/1/25, 9/2/25, and 9/4/25, with no behaviors documented. A record review of the "Roster Report" and "Consultation Report" for the pharmacist's monthly medication review dated 8/4/25–8/7/25 revealed the consultant pharmacist recommended discontinuing the PRN Lorazepam or documenting the indication, intended duration, and rationale for continuation. The report indicated the recommendation was "declined" due to the resident being on hospice; however, there was no signature from the physician or nurse practitioner, and the declination was undated. On 9/3/25 at 11:55 AM, during an interview with Licensed Practical Nurse (LPN) #1, she stated Resident #10 had been on hospice since she started working at the facility in February. She stated the resident could become aggressive, but staff used Lorazepam and Morphine almost daily for comfort.	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0605 SS = D	Continued from page 4 On 9/4/25 at 12:29 PM, during an interview with the Director of Nursing (DON), she stated the nurse practitioner declined the pharmacist's recommendation but did not sign the form. She acknowledged she was not aware that hospice residents must still comply with the federal requirements for PRN psychotropic medications. On 9/4/25 at 12:55 PM, during a phone interview with the facility's Nurse Practitioner, she stated she was aware of the regulatory requirements and would have signed the pharmacist's recommendation if she had reviewed it. On 9/4/25 at 2:16 PM, during a phone interview with the Consultant Pharmacist, he confirmed he was aware of the Federal Regulations regarding psychotropic PRN medications limited to 14 days or the provider must provide the rationale for the extended time period and the duration, and he makes recommendations accordingly. He explained he expects the facility to understand the regulations and recommendations. On 9/4/25 at 3:48 PM, during an interview with the Administrator, he stated he was aware of the regulatory requirement and expected the facility's pharmacists and prescribers to ensure compliance, even for hospice residents.	F0605		
F0656 SS = E	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).	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0656 SS = E	Continued from page 5 (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 ensure a comprehensive, resident-centered care plan was developed to address a diagnosis of Type 2 Diabetes Mellitus for one (1) of (15) sampled residents (Resident #9). Findings include: A review of the facility's policy, "Plans of Care," revised 09/27/2017, revealed, "…An individualized person-centered plan of care will be established by the interdisciplinary team (IDT) with the resident and/or representative(s) to the extent practicable and updated in accordance with state and federal regulatory requirement…Procedure: Develop a comprehensive plan of care for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment…" A record review of the "Admission Record" revealed the	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255287	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE SAME, PASS CHRISTIAN, Mississippi, 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
F0656 SS = E	Continued from page 6 facility admitted Resident #9 on 12/04/2023 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Significant Change In Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/16/2025 revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated her cognition was moderately impaired. A review of Section I revealed she had a diagnosis of Diabetes Mellitus. A review of Resident #9's clinical record revealed there was no care plan developed with interventions for the diagnosis of Diabetes Mellitus. On 09/04/2025 at 11:51 AM, during an interview with Licensed Practical Nurse (LPN) #2, she stated when she began working at the facility the care plans were behind, and she had not caught them all up. She reported that she updated care plans for new admissions first and confirmed Resident #9's care plan had not been updated to address the diagnosis of Diabetes On 09/04/2025 at 3:29 PM, during an interview with the Director of Nursing (DON), she stated she was not aware Resident #9 did not have a care plan for Diabetes Mellitus. She confirmed the resident had a diagnosis of Type 2 Diabetes. The DON reported she expected all residents to have a person-centered care plan addressing their diagnoses to ensure their needs were met. On 09/04/2025 at 3:45 PM, during an interview with the Administrator, he stated he expected staff to follow professional standards in developing comprehensive resident-centered care plans for all residents to ensure quality of care was provided.	F0656		