STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255312	A. BUILDING _____ B. WING _____	C 03/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION CO HEALTH AND REHAB CENTER, INC	1111 BRATTON ROAD NEW ALBANY, MS 38652

(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 survey at facility from 03/15/21 through 03/18/21, along with complaint investigations (CI), CI MS #17626, CI MS #17627, CI MS #17607, CI MS #17562, CI MS #17533, CI MS #17534, CI MS #17535, CI MS #17517, CI MS #17513, CI MS #17514, CI MS #17658, and CI MS #17661 all related to Quality of Care. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations of participation and substantiated CI MS #17513 at F609 related to failure to report an allegation of abuse and/or neglect. All other complaints were unsubstantiated. The SA also cited F623 related to failure to notify of a transfer and cited F880 related to infection control and failure of dietary staff to wear mask while in the kitchen. The census at time of the survey was 41 with a bed capacity of 60.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other	F 609		4/5/21

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

Electronically Signed | 04/05/2021

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F 609	Continued From page 1 officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, record review, and facility policy review, the facility failed to report an injury of unknown origin to the appropriate agencies for one (1) of four (4) incidents reviewed, Resident #29. Findings include: Review of the facility's "Accidents and Incidents - Investigating and Reporting" policy , not dated, revealed that all accidents or incidents involving residents, employees, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. Record review of the facility's "Resident Incident Report", dated 10/19/20 at 7:15 AM, revealed Resident #29 was found in her bathroom by Certified Nursing Assistant (CNA) #1 with a shower cap on her head. Blood was observed on the sink and toilet. An actively bleeding laceration measuring 3 1/2-centimeter (cm) x 4 cm with a pecan size hematoma was identified on the	F 609	* The Administrator reported an incident with injury of unknown origin which occurred on 10/19/202 involving resident #29, with no indication of abuse or neglect, to the Mississippi Department of Health and Licensure on 03/17/2021 at 12:25 pm by fax to number 1-601-364-5050. (attachment #1, F609) * All residents involved in a accident/incident with an injury of unknown source could be affected by this deficient practice. * On 3/31/21 Administrator reviewed all accidents and incidents from 10/01/20 thru 03/31/21, to ensure all injuries of an unknown source had been reported as required by facility policy/procedure and Mississippi Department of Health and Licensure. No additional failure to report injuries of an unknown source were identified. (Attachment #2 F609) The Administrator was in-serviced one on one	

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F 609	Continued From page 2 crown Resident #29's head. Resident was transferred to the Emergency Room (ER) for evaluation and received treatment which included three (3) staples to the laceration. On 03/17/21, at 11:20 AM, an interview with the Director of Nursing (DON) revealed Resident #29 had an unwitnessed incident causing a laceration to her head. Certified Nursing Assistant (CNA)#1 found a laceration on Resident #29's head when she took her to the shower and removed her shower cap. The DON stated the resident put her shower cap on to hide it. On 03/17/21, at 2:12 PM, an interview with the Administrator (ADM) confirmed that he was aware of the incident . He stated that incidents are discussed every morning in the stand-up meeting. He stated that the person who sent reports into the state no longer works here. He stated that he reviews the incident notebook about every week. The Administrator stated that he was responsible for reporting or making sure incidents were reported to the state. The Administrator confirmed the incident was not reported to the state. He stated that he just "dropped the ball". On 03/18/21, at 12:59 PM, an interview with Resident #29 revealed she did not remember the incident but stated that she did not have anything on her head and showed the top of her head to this surveyor who observed the area to be healed. On 03/18/21, at 01:27 PM, an interview with Certified Nursing Assistant (CNA) #1 revealed she had gone into the resident's room the morning of the incident and found the resident up	F 609	by the Corporate Nurse Consultant on 03/31/2021, (Attachment #3) per the requirement to report injuries of unknown source to the appropriate agencies within the required time frame per facility policy and procedure. All accidents and incidents are to be reported to the facility Administrator within 30 minutes by the Nurse responsible for filling out the incident report either by phone or in person. The Administrator will report all injuries of unknown source to the proper authorities within specified time frames. Quality Assurance Committee reviewed facility policy and procedure on 3/24/21 and made no recommendation to change or modify. All Departments in-serviced on proper reporting per policy "Unusual Occurrence Reporting" on 3/31/21, 4/1/21, 4/2/21,(attachment #3) by facility Quality Assurance Nurse. Administrator or QA Nurse will also review 24 hour report for incidents and accidents which may require reporting of an injury of unknown source daily, beginning 04/04/21, five days per week for three months, then weekly for six months starting 04/04/21. Any failure to report as required will be corrected immediately by reporting to the appropriate authorities per Administrator or Quality Assurance Nurse when discovered. The facility Quality Assurance Nurse or in his/her absence , the Administrator, will review daily in the morning the incident/accident logs and reports, which identify incidents and accidents which may require reporting to proper authorities five time per week for three months and the once a week for and	

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F 609	Continued From page 3 in the bathroom with blood smeared on the sink, floor, and commode. CNA #1 stated that Resident #29 had her shower cap on. She stated that she took the resident to the shower and when she removed the shower cap, Resident #29 had blood in her hair and CNA #1 reported it to the nurse. She stated that the resident could not tell her what happened.	F 609	additional three months beginning 4/4/21. * Quality Assurance Committee will monitor incident/accident reports and logs monthly for reportable injuries of an unknown source beginning on March 24 2021. The Administrator will monitor and report any finding of non-compliance of reporting injuries of unknown source by the QA Committee to the Corporate Compliance Officer upon discovery. The Quality Assurance Committee will monitor and make recommendations, if necessary, monthly beginning March 24 2021, to achieve and maintain compliance with reporting requirements for injuries of a unknown source by the facility for a period of four months starting in March 24 2021.	