STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255311	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT OAKS REHABILITATION AND HEALTHCARE CENTER	**111 CHASE STREET , BYHALIA, Mississippi, 38611**

(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 along with a Complaint Investigation (CI MS #2982840) at the facility from 5/18/26 through 5/20/26. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid participation requirements and cited deficiencies at F640. There were no deficiencies cited for CI MS #2982840 related to abuse, neglect, incontinent care, hydration, call lights, rehabilitation, and medication administration. The census at the time of the survey was 45 with a bed capacity of 60 beds.	F0000		
F0640 SS = D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized	F0640		

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

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F0640 SS = D	Continued from page 1 edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to ensure Minimum Data Set (MDS) assessments were completed and transmitted within CMS (Centers for Medicare and Medicaid Services) required time frames for one (1) of 14 MDS assessments reviewed. Resident #30. Findings Include: Record review of CMS Version 3.0 Manual revealed under Chapter 5, “Submission and Correction of the MDS Assessments…5.2 Timeliness Criteria… For all non-Admission OBRA (Omnibus Budget Reconciliation Act) and PPS (Prospective Payment System) assessments, the MDS Completion Date must be no later than 14 days after the Assessment Reference Date (ARD)…For Entry and Death in Facility tracking records, the MDS Completion Date must be no later than 7 days from the Event Date…”	F0640		

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F0640 SS = D	Continued from page 2 An interview with the Administrator on 5/19/26 at 10:21 AM revealed the facility did not have a policy regarding the timely encoding and transmission of Minimum Data Set (MDS) assessments and stated staff followed the Resident Assessment Instrument (RAI) Manual for guidance. Record review of Resident #30's Discharge MDS with an ARD of 12/16/25 revealed the assessment was signed as completed on 1/19/26, which indicated the assessment was completed late. Record review of Resident #30's MDS "Final Validation Report" for target date 12/16/25 revealed the message, "Assessment Completed Late: Assessment Completed Date is more than 14 days after Assessment Reference Date." Record review of Resident #30's Entry Tracking Record with an ARD of 12/23/25 revealed the assessment was signed as completed on 1/15/26, which indicated the assessment was completed late. Record review of Resident #30's Annual Assessment with an ARD of 4/14/26 revealed the assessment was signed as completed on 4/29/26, which indicated the assessment was completed late. An interview with the MDS Nurse on 5/19/26 at 9:26 AM confirmed Resident #30's Discharge, Entry, and Annual Assessments were not completed timely. She explained the facility had experienced recent staff changes in the MDS department, which delayed timely completion of assessments. An interview with the Administrator on 5/19/26 at 10:24 AM revealed his expectation was for all MDS assessments to be completed and submitted timely in accordance with CMS guidelines. Record review of the "Admission Record" revealed the facility re-admitted Resident #30 on 4/14/25 with medical diagnoses that included Unspecified Asthma with Acute Exacerbation and Parkinson's Disease without Dyskinesia. Record review of the MDS with an ARD of 4/14/26	F0640		

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F0640 SS = D	Continued from page 3 revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #30 was cognitively intact.	F0640		