STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255299	A. BUILDING _____ B. WING _____	06/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINEYARD COURT NURSING CENTER	2002 5TH STREET NORTH COLUMBUS, MS 39705

(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 recertification survey and complaint survey for CI MS #15832 and CI MS #15858 at the facility from 06/24/19 to 06/27/19. During the survey, the SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid, and cited deficient practice at F-641. The SA did not substantiate CI MS #15832 and CI MS #15858 related to quality of care, and no deficiencies were cited related to the complaints. The census at the time of the survey was 53, and the facility was certified for 60 beds.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) was completed accurately for two (2) of 36 records reviewed. Resident #18 and Resident #24. Findings include: Review of the facility's policy titled, "MDS Assessment", not dated, revealed Policy: The facility shall conduct an interdisciplinary assessment using the MDS assessment as defined by Federal/State regulations. This assessment provided information on the	F 641	I.What Corrective Action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident #18 was assessed by the Director of Nursing on 06/27/2019. No adverse outcomes were identified to Resident #18 related to alleged deficient practice of inaccurate coding of the Minimum Data Set Section N anticoagulants. Resident #24 was assessed by the Director of Nursing on 06/27/2019. No adverse outcomes were identified to Resident #24 related to alleged deficient	7/20/19

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

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F 641	Continued From page 1 resident's condition to facility development of a plan of care and is a means by which the facility can track changes in a residents's status. 7. The Interdisciplinary team's signature in Section Z will attest to completion/accuracy of the assessment. Resident #18 A review of Resident # 18's Annual MDS, dated 04/15/19, revealed Resident #18 was coded as being on an anticoagulant for seven (7) days. A review of Resident #18's Physician Orders, dated June 2019, revealed Resident #18 was on Plavix 75 milligrams (mg) one (1) by mouth daily. Review of Resident #18's Physician's Orders for June 2019 revealed an order, dated 05/13/19 for Plavix 75 mg. tablet by mouth every day for a diagnosis of Essential Hypertension. On 06/25/19 at 10:28 AM, an interview revealed the Director of Nursing (DON) stated Plavix was not considered an anticoagulant, and should not be coded as such. The DON stated the reason they do code it as an anticoagulant is so it will flag to monitor signs and symptoms (S/S) of bleeding. Review of the Face Sheet revealed Resident #18 was admitted by the facility, on 05/25/17, with the included diagnoses of Essential Hypertension, Multiple Sclerosis, and Transient Cerebral Ischemic Attack, unsecured. Resident #24 A review of Resident #24's Quarterly MDS, dated 04/23/19, revealed under Section E - Behavior, Resident #24 was checked for Wandering	F 641	practice of inaccurate coding of the Minimum Data Set Section E wandering status. The Minimum Data Set for Resident #18 was reviewed on 06/25/2019 by the facility Director of Nursing. A modification assessment for Resident #18 Minimum Data Set Assessment Reference Date 04/15/2019 was completed on 06/25/2019 by the facility Director of Nursing and resubmitted. The Minimum Data Set for Resident #24 was reviewed on 06/27/2019 by the facility Administrator. A modification assessment for Resident #24 Minimum Data Set Assessment Reference Date 04/23/2019 was completed on 06/27/2019 by the facility Administrator and resubmitted. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. Residents in the facility as identified by the electronic medical record in the computer software system as receiving an anticoagulant medication have the potential to be affected by the alleged deficient practice. Residents in the facility as identified by the electronic medical record in the computer software system as at risk for wandering have the potential to be affected by the alleged deficient practice. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The current Minimum Data Set Nurse was re-educated on correct coding of Section	

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F 641	Continued From page 2 Behavior, and the resident exhibited wandering behavior on 4 to 6 days, but less than daily during the seven (7) day observation. On 06/24/19 at 4:07 PM, an observation revealed Resident #24 was not exhibiting exit seeking behaviors. Resident #24 was noted propelling herself in the facility, but no wandering tendencies noted. On 06/25/19 at 3:15 PM, an interview with the Administrator revealed Resident #24 was not a wanderer. The Administrator stated I thought we fixed that on the MDS. On 06/25/19 at 3:35 PM, an interview with the DON revealed Resident #24 does not wander or have exit seeking behaviors. The DON stated the MDS Nurse we had was not performing accurate assessments and had to be replaced. On 06/27/19 at 8:55 AM, an interview revealed the MDS Nurse stated she had been working here as the MDS Nurse for one month. She stated that MDS accuracy is important for billing purposes and to accurately reflect the resident condition. Review of the Face Sheet revealed Resident #24 was admitted by the facility, on 09/15/16, with included diagnoses of Difficulty in walking, not elsewhere classified, Unspecified Dementia without Behavioral Disturbance, and Cognitive Communication Deficit.	F 641	N anticoagulant medication of the Minimum Data Set on 06/25/2019 by the facility Administrator. The Social Services Director was re-educated on correct coding of Section E wandering status of the Minimum Data Set on 06/27/2019 by the facility Administrator. IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. A complete facility audit of Section N (N0410E: anticoagulant) of the Minimum Data Set was completed by the facility Administrator on 06/25/2019 for review of accurate coding. One error identified on the audit was corrected and resubmitted by the facility Administrator on 06/25/2019. A complete facility audit of Section E (E0900: wandering) of the Minimum Data Set was completed by the facility Administrator on 06/27/2019 for review of accurate coding. No errors identified in audit. The Director of Nursing will audit five residents' Minimum Data Set Section N question N0410E once per week for four weeks, and then five residents' Minimum Data Set Section N question N 0410E once per month for two months beginning the week of 07/01/2019. The Director of Nursing will audit five residents' Minimum Data Set Section E question E0900 once per week for four weeks, and then five residents' Minimum Date Set Section E question E0900 once	

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F 641	Continued From page 3	F 641	per month for two months beginning the week of 07/01/2019. Findings of the audit will be reviewed with the facility Administrator upon completion and then presented monthly to the facility Quality Assurance Committee for further review and recommendation to ensure ongoing compliance beginning July 2019.	

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	255299	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/26/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINEYARD COURT NURSING CENTER	**2002 5TH STREET NORTH** **COLUMBUS, MS 39705**

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K 000	INITIAL COMMENTS 42 CFR 483.70 (a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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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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E 000	Initial Comments ********** Survey conducted on 06/26/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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