STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255244	A. BUILDING _____ B. WING _____	C 07/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPLEX SUB-ACUTE CENTER	**6520 SUNSCOPE DRIVE OCEAN SPRINGS, MS 39564**

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F 000	INITIAL COMMENTS The State Survey Agency (SSA) conducted a complaint investigation (CI) survey at the facility from 06/30/20 to 07/01/21 for CI #17628 regarding a fall with fracture,and CI # 17755 Bruise of Unknown Origin involving a resident who received a bruise.During the survey, the SSA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SSA substantiated CI #17628 and the facility was cited F610 at a "D" level for failure to perform a complete thorough investigation of the alleged violation for any injury of unknown source. The facility had a census of 49 and is licensed for 74.	F 000		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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:	F 610		7/30/21

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

Electronically Signed | 07/22/2021

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 610	Continued From page 1 Based on staff interview, family interview, resident interview, observation, and record review the facility failed to complete a thorough investigation when a resident fell and sustained an injury for one (1) out of two (2) residents reviewed. Resident #1 Findings include: Record review of the facility's "Abuse and/or Neglect Prevention Plan Policy" dated for September 28, 2012, revealed "The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone ...The facility's goal is to protect the resident from abuse, neglect, or misappropriation of property. The prohibition plan includes the following seven components: by 1. Screening prospective employees, 2. Staff training, 3. Abuse and neglect prevention, 4. Identification of events, patterns, or trends that may constitute abuse, 5. Investigations of allegations, 6. Protection of residents during investigations, 7. Reporting and responding. The facility will report alleged violations, conduct investigations of alleged violations, report the results to the proper authorities, and take necessary correction actions." Record review of the facility's "Accident and Incidents" policy dated 12/19/2017 revealed, " It is the policy of this facility the resident's environment remains free of accidents and hazards as possible and those residents receive supervision and assistance devices to prevent accidents whenever possible. This is accomplished through the identification and evaluation of environmental hazards and	F 610	An investigation was completed for the incident involving resident # 1 by the administrator on 7/1/2021. The findings revealed resident # 1 had a fall that resulted in an injury. The incident report for resident # 1 was revised on 7/1/2021 by the Director of Nursing (DON) to remove the witness statement. All residents have the potential to be affected by the deficient practice. The Administrator was in-serviced by the Interim Regional Director of Operations on 7/1/2021 regarding investigating incidents including injuries of unknown origin and reporting procedures. The Minimum Data Set (MDS) Nurse reviewed all incident reports for the past thirty (30) days on 7/22/2021 with no adverse findings noted regarding investigations and reporting. All licensed nurses were in-serviced regarding notifying the Administrator and DON immediately of any injury of unknown origin by the Administrator beginning on 7/22/2021 and ending on 7/23/2021. The MDS Nurse will audit all incident reports weekly x eight (8) weeks, then monthly x three (3) months to ensure thorough investigations are completed timely and reported as required, take corrective action as necessary and document findings beginning 7/21/21. The MDS Nurse will report findings from weekly incident report audits for eight (8) weeks then monthly incident report audits for five (5) months to the Quality	

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individual risk factors, implementing interventions to reduce risk, accident/incident reporting and guidelines. Process: Evaluating/identifying risk ... Determining and Implementing Interventions to Reduce Risk ...Investigations should begin when the incident is identified."

Record review of the facility's "Fall Risk Management" policy dated 02/22/2012 revealed, "Residents will be assessed for fall risk potential ... on admission, after each fall, with significant change and quarterly ... potential risk factors should be identified, evaluated and addressed as needed ...interventions need to be individualized and meet that specific residents needs."

Record review of Resident #1's Admission Record revealed the Facility admitted the resident on 01/25/2021 with the diagnoses of Fracture of Right Pubis with routine healing, Repeated falls, Tachycardia, and Essential (Primary) Hypertension.

Record review Resident #1's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 04/21/2021 Section C revealed a Brief Interview for Mental Status (BIMS) score of three (3) indicating severe cognitive impairment. Section G of the Quarterly MDS revealed resident required extensive assistance with two-person assistance for toilet use, one person assistance for personal hygiene, and limited assistance one person for transfers and bed mobility. Section H revealed resident was frequently incontinent of bladder and always incontinent of bowel. Section J revealed resident had one fall since Admission on 01/25/2021.

Record review of Resident #1's Fall Incident

Assurance and Performance Committee monthly beginning 7/30/2021 for review, revision and/or resolution of the plan.

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Report completed on 03/06/2021, by the Director of Nurses (DON) revealed "Resident notified staff of discomfort and swelling to hand and upon investigation resident indicated she fell in bathroom and substained injury attempting to stop fall." Resident #1 was sent to emergency room for x-ray." The Fall Incident report indicated a witness of the fall by LPN# 3.

On 07/01/2021 at 12:20 PM, during an interview with the Director of Nurses (DON), she explained she was notified by the nurse on the floor that Resident #1 had swelling to her hand. Upon investigation, Resident #1 indicated by pointing to the bathroom and making gestures,using the communication pictures, pointing to the picture of person on the floor, she indicated she had fallen in the bathroom and hit her hand. The DON explained she helped the nurse on the floor with filling out the incident form. She stated the fall was unwitnessed.A witness was listed on the Fall Incident Report but that was in error. The Nurse Practitioner ordered an x-ray of her hand, but the x-ray could not be done in a timely manner and Resident #1 was sent to the Emergency Room (ER). Resident's daughter was notified of resident being sent out and of her swollen hand. She explained Resident #1 was on the 200 Hall at that time but since then has been moved to 100 Hall closer to the nurse's station and has not had any falls since being closer to the station. She explained the resident was sent out for an ortho appointment, but everything was okay, and finger was buddy wrapped. She explained at the time she was only the interim DON. The DON at that time and Administrator were notified of the incident.

Record review of Resident #1's hospital record

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for 03/06/2021, revealed Resident #1 presented to the hospital with her right wrist painful, swollen and discolored. The x-ray report revealed Acute Oblique complete fracture of the 4th metacarpal shaft. Discharge instructions revealed Resident #1 had a follow-up appointment with (Proper Name) Orthopedic.

On 06/30/2021 at 1:00 PM, SSA attempted to interview Resident #1, however she was unable to answer any questions.

On 06/30/2021 at 2:00 PM, during an interview with the DON, she explained she had only been DON full time since March and was working part-time as interim DON helping the other DON who was quitting. She explained she has worked with the organization for years and was at another facility before working here. She reported an in-service on abuse and neglect was done this month.

On 07/01/2021 at 12:35 PM, during an interview with Administrator#1 and complainant of Complaint Investigation #17628, he explained he received a phone call on 03/06/2021 not exactly sure what time from a nurse explaining a resident was sent out to the hospital for an x-ray and results was the resident had broken finger. He further explained he thought someone indicated the resident had a fall and complained of pain. He reported he called the fracture in as a Facility Reported Incident and never intended to call in a complaint. He explained he does not remember saying anything when he called about no one watching her or trying to find out why she fell. He further explained he had no clue where the date of the alleged event came from. He explained he had only reported one (1) or two (2) times to the

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F 610	Continued From page 5 State and thought he done it correct. He explained he is a new Administrator and still learning how to do things. When ask about an investigation of the injury and who should have investigated, he explained he should have investigated but he did not, or the DON should have. He acknowledged there were no interviews with the staff or resident or any statements regarding the resident's alleged fall and fracture. He explained he faxed his final report to the State on 03/08/2021.	F 610		