STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255335	A. BUILDING _____ B. WING _____	06/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORREST GENERAL HOSPITAL SKILLED NURSING UNIT	6051 US HIGHWAY 49 SOUTH HATTIESBURG, MS 39401

(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 the annual re-certification survey at the facility from 6/11/19 to 6/13/19. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited deficiencies at F623 and F641. The census at the time of survey was 16 and the facility held a license for 20 beds.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable	F 623		7/3/19

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

Electronically Signed | 07/02/2019

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 623	Continued From page 1 before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with	F 623		

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F 623	Continued From page 2 developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, the facility failed to provide written notification of discharge for Resident #112 at the time of discharge for one (1) of three (3) residents reviewed for discharge notice. [Resident #112] Findings include:	F 623	* On 6/13/19, the Administrative staff of the Skilled Nursing Unit created a Discharge/Transfer Notice form for residents requiring an immediate discharge due to an urgent medical need. The Discharge Notice includes all required items in F623D 483.15 (c)(5) as required by Centers for Medicare and	

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F 623	Continued From page 3 A review of the facility policy titled, "Skilled Nursing Unit", without a date, revealed the unit would notify the representative as soon as possible for transfers/discharge. A review of Resident #112's discharge summary, dated 6/10/19, revealed diagnoses that included Acute Hypodermic Respiratory Failure and Respiratory Distress. The discharge summary revealed Resident #112 was admitted to Intensive Care Unit from the Skilled Nursing Unit on 5/27/19. A review of the medical record revealed no documentation regarding notification of the discharge to the hospital on 5/27/19. A review of a signed statement provided by Registered Nurse (RN) #2, dated 6/13/19, revealed she had informed informed Resident #112's son verbally when the resident was discharged to acute care. An interview on 06/11/19 at 11:46 AM, with Resident # 112, revealed he had been back and forth to the hospital several times. Resident #112 said he was ready to go home and thought they got it right this time. An interview on 06/12/19 on 11:37 AM, with Social Services (SS), revealed she sends a written notification to the Ombudsman every month. When asked if written notification was sent to the resident or resident representative (RR) for a facility-initiated transfer or discharge, she confirmed the facility only did a verbal notice. An interview on 06/13/19 at 9:56 AM, with the	F 623	Medicaid for our facility. On 6/13/19 the Case Manager gave Resident #112 the written Discharge Notice and the Case Manager explained the need for transfer/or discharge, which was within a practicable timeframe. Resident #112 signed this notice on 6/13/19. Resident #112 was discharged to Forrest General Hospital acute care on 5/27/19. A verbal notice was given to resident and representative on 5/27/19 by the night Registered Nurse. Resident #112 was admitted to the Skilled Nursing Unit on 5/9/19 and discharged on 5/27/19. The Skilled Nursing Unit was unable to issue a 30 day notice for discharge/transfer. The physician discharge note of 5/27/19 gives the reason for discharge back to acute care. A copy of the written Discharge Notice has been placed in the medical record. A copy of the written Discharge/Transfer Notice has been sent to the State Long Term Care Ombudsman on 7/1/2019 along with the log of discharge/transfers due to urgent medical need. Future Discharge/Transfer notices will be sent to the State Ombudsman on a monthly basis. The Skilled Nursing Unit has corrected this deficient practice by creation of a Discharge/Transfer Notice form, issuance of this form, staff education, new weekly discharge meeting, monitoring for compliance and including this in the quarterly Quality Assurance and Assessment Committee meetings. ** Any resident requiring an urgent medical discharge/transfer from the Skilled Nursing Unit could have been	

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F 623	Continued From page 4 Director or Nursing (DON), confirmed that the facility did not send written notification to the resident or resident representative because this was a short term stay facility, and the residents did not usually stay 30 days. During an interview on 06/13/19 at 11:10 AM, Social Services confirmed the facility did not notify residents or the representative at time of discharge to acute care, because they sign a paper with the admission paperwork about a possibility of an emergency discharge. Social Services said the facility did not send written notification to the resident/representative specific for the emergency transfer of Resident #112. The DON, in the presence of Social Services, said the facility would have to adjust or come up with a form to notify the family.	F 623	affected by those residents and representatives not receiving a written Discharge/Transfer Notice as soon as practicable. All residents requiring emergent discharge and their representative will now receive a written Discharge/Transfer Notice upon discharge or as soon as practicable. *** Measures taken to ensure that the Skilled Nursing Unit will be in compliance with the Centers for Medicare and Medicaid regulations regarding Discharge/Transfer Notice, the written Discharge/Transfer Notice was given and reason for discharge was explained to the Resident #112 by the Case Manager. The Skilled Nursing Unit staff involved in Discharge/Transfers have been educated on 6/28/19 by the Administrator and the Director of Nursing regarding Discharge/Transfer Notices for those residents needing immediate Discharge/Transfer for urgent medical needs. The Case Managers and Social Worker are now responsible for and are now issuing these written Discharge/Transfer Notices during weekday office hours. The Charge Nurses are now responsible for issuing these written Discharge Notices and explaining them to the resident and representative when Case Managers or Social Worker is not present at facility. The Social Worker is now responsible for sending a copy of the Discharge/Transfer Notice to the State Long Term Care Ombudsman as soon as practicable and monthly. The Administrator of the Skilled Nursing Unit will randomly monitor the discharge log	

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F 623	Continued From page 5	F 623	and compare to the discharge notices. **** To ensure that Discharge/Transfer Notices are given and the problem does not recur, Case Managers/Social Worker are keeping a log of Emergent Discharges or Transfer Notices given. Social Worker keeps a log of Discharges/Transfers and sends a copy of log and notices to State Long Term Care Ombudsman. A weekly meeting regarding Discharge/Transfer Notices has been held on 7/1/19 and will continue with Case Manager, Social Worker, Director of Nursing, and Administrator to review accuracy of Discharges/Transfers Notice given. Areas reviewed includes types of notices given to resident and representative, timeliness of the notices, as well as notices and log sent to State Long Term Care Ombudsman. Residents discharged/transferred from the Skilled Nursing Unit due to urgent medical needs are discussed during Quality Assurance and Assessment meetings. State Survey results and Plan of Correction will be discussed in Quarterly Quality Assurance and Assessment meeting including appropriate Discharge/Transfer Notices. Further concerns related to Discharge/Transfer Notices will be addressed with an action plan to ensure compliance.	
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.	F 641		7/3/19

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F 641	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review the facility failed to accurately document on the discharge Minimum Data Set (MDS) for Resident #12 for one (1) of 11 records reviewed. [Resident #12] Findings include: Review of the facility's policy, "Skilled Nursing Unit", undated, revealed the facility assessments will be signed by the health care participants to certify the accuracy of their portion of the assessment. Assessments are to be completed timely and accurately. Record review revealed Resident # 12 was discharged home with Home Health on 4/13/19. A review of the Discharge Assessment with the Assessment Reference Date of 4/17/19, noted in Section A that this Resident #12 was discharged to Acute Hospital. Interview with Registered Nurse (RN) #1 on 06/13/19 at 10:57 AM, revealed the Minimum Data Set (MDS) Assessment with the ARD of 4/17/19, noted Resident #12 was discharged to an Acute Hospital. RN #1 confirmed Resident #12 was discharged home with Home Health and the Discharge Assessment was not correct.	F 641	*The Minimum Data Set Discharge Assessment with a discharge date and Assessment Reference Date of 04/13/2019 that was coded incorrectly with Acute Hospital disposition was modified to the correct discharge disposition to reflect discharge Home. This modified assessment was submitted to Centers for Medicare and Medicaid on 6/28/19. **Any residents that are discharged have the potential to be affected by not coding the correct discharge disposition on the Discharge Minimum Data Set Assessment. *** Staff performing Minimum Data Set assessments have been re-educated on the importance of Minimum Data Set assessment data input accuracy on 6/28/19 by the Administrator and the Director of Nursing. The Minimum Data Set Nurse and the Minimum Data Set Coordinator attended the weekly discharge notice meeting held on 7/1/19 and will continue to attend these weekly meetings to ensure they are knowledgeable of expected discharges and dispositions and to ensure continued compliance. **** The Minimum Data Set Nurse will check the medical record for discharge disposition in the Social Worker notes while performing each Minimum Data Set Discharge assessment. The Minimum	

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F 641	Continued From page 7	F 641	Data Set Nurse will attend the weekly discharge notice meeting to ensure that she has the correct discharges for the week and the correct discharge disposition in order to code the Minimum Data Set assessments correctly. The Minimum Data Set Coordinator will randomly check Discharge Minimum Data Set assessments disposition codes for accuracy. The State Survey Plan of Correction regarding discharge disposition codes will be discussed in the quarterly Quality Assurance and Assessment Meetings. Further concerns regarding discharge disposition codes on the Minimum Data Set assessments will be addressed with an action plan to ensure compliance.	

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	255335	A. BUILDING **01 - FORREST GENERAL SKILLED NURSING UNIT** B. WING _____	**06/14/2019**

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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		

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

Electronically Signed | 06/28/2019

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 6/14/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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