STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255215	A. BUILDING _____ B. WING _____	C 08/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(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 ***After Administrative review, this CMS 2567 was amended** The State Agency (SA) conducted an annual recertification survey along with a complaint CI MS #16069 at the facility from 8/13/2019 to 8/15/2019. CI MS #16069 was related to Quality of Care/Treatment. The SA did not substantiate CI MS #16069, and no deficiencies were cited related to the complaint. During the survey, the SA determined the facility was not in compliance with the requirements of participation for Medicare and Medicaid. The SA cited F-625 and F-880 during the survey. The census at the time of the survey entrance was 52 and the facility was certified for 60 beds.	F 000		
F 625 SS=E	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a	F 625		9/6/19

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

Electronically Signed | 09/06/2019

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 625	Continued From page 1 resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review, the facility failed to provide in writing the bed hold policy to the resident and/or the Resident Representative at the time of transfer to an acute care hospital for two (2) of four (4) resident's hospitalizations reviewed. Residents #3 and #38. Findings include: Review of the facility's policy titled, "Notice of Hospital Transfer/Therapeutic Leave", with the latest revision date of 2/2017, revealed: 2. When a resident is transferred to the hospital, or goes out on therapeutic leave, a copy of the completed form (notice) is sent with the resident, specifying the duration of the bed-hold according to the state plan, and the facility's policy regarding bed-hold periods. In case of emergency transfer, notice "at the time of transfer" means that the family or resident representative are provided with written notification within 24 hours of the transfer. The requirement is met if the resident's copy of the notice is sent with other papers accompanying the resident to the hospital. The staff member completing the transfer paperwork should	F 625	* Notice of Hospital Transfer/Therapeutic Leave was sent certified mail by Accounts Manager on 08/15/19 for Resident #3 and Resident #38. * All Residents have the potential to be affected. * In-service was provided for nursing staff 08/15/19 -09/05/19 by the Director of Nursing regarding the Notice of Hospital Transfer/Therapeutic Leave form. * All transfers will be reviewed bi-weekly starting 08/15/19 for four weeks then once a week for two weeks by Director of Nursing and/or Administrator. Areas of exception will be carried to Quality Assurance committee consisting of the Medical Director, Director of Nursing, Administrator, Staff Development Nurse, Maintenance, Social Services and Dietary Supervisor for corrective action plan, in-service or disciplinary action as needed.	

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F 625	Continued From page 2 complete the location, time, and date section of the form. A copy of the competed form should also be forwarded to the Accounts Manager. Resident #3 Review of the Face Sheet revealed Resident #3 was admitted by the facility on 1/10/18. Review of Resident #3's Departmental Notes, dated 7/9/18 at 7:09 AM, revealed the resident was sent out to the Emergency Room (ER) due to vomiting green emesis. Further review of the Department Notes revealed, on 7/11/19 at 11:49 AM, Resident #3 returned to the facility. Review of Resident #3's Departmental Notes, dated 7/1/19 at 3:21 PM, revealed the resident was transferred to (Name of Hospital's Initials) for observation, and vomiting dark brown emesis. Further review of the Departmental Notes revealed Resident #3 returned to the facility on 7/5/19 at 1:27 PM. The facility had no evidence Resident #3 or the Resident Representative was notified in writing of the bed hold policy/agreement. Resident #38 Review of the Face Sheet revealed Resident #38 was admitted by the facility, on 11/26/18. Review of Resident #36's Departmental Note, dated 6/15/19 at 4:51 PM, revealed the resident was transferred to (Name of Hospital) ER due to change in status and further evaluation. The facility had no evidence Resident #36 or the Resident Representative was notified in writing of the bed hold policy/agreement.	F 625		

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F 625	Continued From page 3 On 8/14/19 at 2:37 PM, an interview with the Accounts Manager revealed when she was asked about the residents being notified of the bed hold policy she replied, "the originals are signed on admission and not dated . When the resident goes out to the ER the form is completed by the nurse. The nurses fills out the location, time and date and a copy is sent to the Resident and or family representative. We are not keeping a copy when it is sent out." On 8/14/19 at 3:45 PM, an interview with the Administrator revealed the facility does not keep written documentation that the resident and or representative are notified at the time of transfer of the bed hold policy.	F 625		