STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255286	A. BUILDING _____ B. WING _____	10/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEVIEW HEALTH AND REHABILITATION CENTER	1304 WALNUT ST WAYNESBORO, MS 39367

(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 survey from 10/09/18 through 10/11/18. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for participation. The SA cited the deficiency F-640. The facility was licensed for 90 beds, and had a census of 88 at the time of survey	F 000		
F 640 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 edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within	F 640		11/6/18

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

Electronically Signed | 11/06/2018

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	255286	A. BUILDING _____ B. WING _____	10/11/2018

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F 640	Continued From page 1 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 transmit the resident assessment in a timely manner for one (1) of (23) Minimum Data Set (MDS) assessments reviewed, for Resident #1. Findings Include: A Review of the facilities policy titled, "MDS Submissions", dated October 2010, revealed our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. The assessment coordinator or designee will be	F 640	F640 Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law. F640 * Resident #1's Minimum Data Set (MDS) was transmitted promptly by the Prospective Payment System (PPS) Coordinator once identified on	

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	255286	A. BUILDING _____ B. WING _____	10/11/2018

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F 640	Continued From page 2 responsible for ensuring that all resident assessments completed are transmitted on a timely basis. Record review of Resident #1's Minimum Data Set (MDS) revealed it was completed on 7/30/2018, but was not transmitted to the Centers for Medicare and Medicaid services (CMS). Interview on 10/10/2018 at 12:34 PM with Licensed Practical (LPN) #1/MDS Nurse confirmed the MDS was completed on 7/30/2018, but was not transmitted. LPN #1/MDS Nurse stated the facility missed it. LPN #1/MDS Nurse could not give an explanation of why the assessment was not transmitted. LPN #1/MDS Nurse said they don't have this to happen often. LPN #1/MDS Nurse said the facility has done a 100% audit on all assessments to make sure they have all been transmitted. LPN #1/MDS Nurse said the MDS Nurses are responsible for ensuring the resident assessments are submitted to the CMS MDS database in a timely manner according to the MDS RAI manual. An interview, on 10/10/2018 at 12:53 PM, with the Director of Nursing (DON) confirmed the facility failed to transmit Resident #1's MDS assessment on 7/30/2018. The Don stated she did not know what happened. A review of the facility's Admission Record revealed the facility admitted Resident #1, on 02/15/2016 with diagnoses which included: Dementia, Diabetes Mellitus and Hypertension. A review of Resident #1's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/11/2018, revealed Resident #1	F 640	10/10/2018. (Exhibit A) * All residents have a potential to be affected. 100% audit of all MDS transmissions for one year(10/10/2017-10/10/2018)were audited by the PPS and MDS Coordinators to ensure they had been accepted and 100% compliant. No issues were noted.(Exhibit B) * A plan was developed by the MDS and PPS Coordinators to monitor and audit all MDS's that are transmitted for six months to ensure no issues are identified.(Exhibit C) * A missing assessment report will be printed monthly by the MDS/PPS Coordinators to ensure that the facility is in 100% compliance. Results will be reviewed monthly in Quality Assurance(QA) with recommendations as needed per the Interdisciplinary Team(IDT).	

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PINEVIEW HEALTH AND REHABILITATION CENTER	1304 WALNUT ST WAYNESBORO, MS 39367

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F 640	Continued From page 3 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated the resident was cognitively impaired.	F 640		

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	255286	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/11/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEVIEW HEALTH AND REHABILITATION CENTER	**1304 WALNUT ST** **WAYNESBORO, MS 39367**

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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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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 10/11/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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