STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255281	A. BUILDING _____ B. WING _____	C 12/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	3068 NAIL ROAD WEST HORN LAKE, MS 38637

(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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		1/1/21

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

Electronically Signed | 12/23/2020

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 580	Continued From page 1 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on resident representative and staff interviews, record review, and facility policy review, the facility failed to notify the resident's representative of a significant change in the resident's status for one (1) of 33 residents with a COVID positive test result. Findings include: Review of facility's "Resident Rights" policy, dated 06/94, with a revised date of 11/17, revealed: all residents in a long term care facility have rights guaranteed to them under Federal and State law. A facility must immediately inform the resident, consult with the resident's physician, and notify the resident representative when there is a significant change in the resident's physical, mental, or psychosocial status, or when there is a need to alter treatment significantly or to commence a new form of treatment. An interview with Resident #1's daughter on 12/2/20 at 6:00 PM, revealed she was not notified of the resident's positive COVID-19 test results. The daughter stated the resident had a cough and was sent to the Emergency Room for a few hours on 8/4/2020 and a COVID-19 test was	F 580	1. Resident is deceased and was discharged from the facility on 9/16/2020. The facility cannot correct the deficiency as it relates to the individual. As of 8/10/2020, Resident Representative called the facility and was notified of the positive Covid-19 lab results by the Nurse Case Manager. The Licensed Practical Nurse responsible for notifying Resident Representative of the positive Covid-19 lab result, received an Employee Education Request on Change in Resident Medical Status Policy on 12/22/2020, by the Administrator and Director of Nursing. 2. All Covid-19 positive residents have the potential to be affected by the deficient practice. Administrator and Director of Nursing conducted an audit of all Covid-19 positive residents on 12/21/2020, to ensure proper notification to the Resident Representative. 3. All nurses were in-serviced on the Change in Resident Medical Status Policy on 12/4/20, by the Administrator and Director of Nursing. If unable to contact the Resident Representative by the end of	

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F 580	Continued From page 2 performed at that time. Resident #1's daughter stated the facility received the positive results on 8/6/2020 and the resident's son was notified several days after that date (on 8/10/20 and he notified his sister, the resident's daughter/resident representative. An interview with the Director of Nursing (DON) on 12/2/20 at 2:00 PM, revealed she was not able to find any documentation of family being notified when Resident #1's COVID-19 positive test result was received. The DON stated it is policy for the resident's representative to be notified of any significant change, and once the test result was received, the staff was responsible for notifying the family and documenting this being done. The DON confirmed the facility failed to notify the resident's representative of the positive COVID-19 test result. An interview with the Administrator, on 12/3/20 at 10:00 AM, confirmed the facility failed to notify the family of Resident #1's positive COVID-19 test result. Record review revealed there was no documentation of notification of Resident #1's representative of the positive COVID-19 test result. Record review revealed Resident #1 was admitted to facility for therapy on 7/21/20 with a diagnoses of Generalized Muscle Weakness, Unsteadiness on Feet, Unspecified Lack of Coordination, and Diabetes Mellitus. Record review of the Minimum Data Set (MDS) dated 7/27/20, Section C - Cognitive Patterns, revealed Resident #1's Brief Interview for Mental	F 580	the shift, the nurse responsible will notify the Director of Nursing or Administrator to ensure compliance. After being notified, the Administrator and Director of Nursing will attempt to notify the Resident Representative. If contact cannot be made by phone the Administrator will mail a letter to the resident representative to contact the facility regarding the health status of their resident. Results will be addressed in the Daily Stand-up Meeting to ensure the solution is sustained. 4. Medical Records staff will conduct an audit of physician□s orders and nurses□ notes Monday through Friday beginning 12/7/2020, for four weeks, bi-weekly for two weeks, and then monthly until deficient practice is resolved. The audit will be conducted to ensure proper notification to the Resident Representative on Covid-19 positive residents. Administrator and Director of Nursing will evaluate all Covid-19 positive lab results with a Corrective Action Plan Tool beginning 12/7/2020, to ensure continued compliance daily for four weeks, bi-weekly for two weeks, and then monthly until deficient practice is resolved. Any negative finding will be reported to the Quality Assurance Committee during the Daily Stand-up Meeting and in the Quarterly Quality Assurance Meeting to ensure ongoing compliance. The Quality Assurance Committee will address concerns and update corrective action plan when needed to maintain compliance. 5. Completion Date 1/1/21.	

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F 580	Continued From page 3 Status (BIMS) score of 13, meaning Resident #1 was cognitively intact.	F 580		