STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255227	A. BUILDING _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA REHABILITATION AND HEALTHCARE CENTER	1506 NORTH MAIN STREET COLUMBIA, MS 39429

(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	F 000		

The State Survey Agency (SSA) conducted a Focus Infection Control/ COVID-19 Survey, along with Complaint Investigation, CI #16776, from 11/23/2020 through 11/24/2020. The SSA substantiated CI #16776 as evidenced by the facility failed to provide adequate staff supervision to prevent Resident #1's elopement on 4/13/20. The SSA also conducted CI #17074 regarding failure to ensure residents were assisted to physician appointments and failure to provide personal care assistance. CI #17074 was not substantiated. No deficient practice was identified related to the Focus Infection Control/ COVID-19 Survey.

Review of Facility Reported Incident (FRI) from 4/13/20 revealed, Resident #1 was identified for wandering on 6/28/18 after admission on 6/22/18 and he was independently ambulatory. On 4/13/20, Resident #1 was last seen at 5:53 AM by Dietary Aide #1. Approximately 2 hours later, Certified Nursing Assistants (CNA) #1 and CNA #2 found Resident #1 outside, across the street, cold and shivering, unsupervised and wandering down the street. They assisted Resident # 1 inside. The resident was wearing a wander guard and the alarm sounded when staff returned him to the building. Licensed Practical Nurse (LPN) # 1 assessed Resident #1 for any signs and symptoms of injury and pain and findings were negative for injury. The resident was cold and shivering. The facility's investigation concluded Resident #1 exited the facility through a side door when the door did not lock after a staff exited the door. Resident #1 was immediately placed on one on one (1:1) supervision until his transfer to a behavior unit two months later on 6/14/2020.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/05/2021

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 000	Continued From page 1 Resident #1's most recent Quarterly Minimum Data Set (MDS) prior to the elopement, dated 2/23/2020, revealed a Brief Interview for Mental Status (BIMS) score was 99, which indicated severe cognitive impairment and could not be assessed. During the survey on 11/23/20, the State Survey Agency (SSA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) at 42 CFR(s): 483:25(d)(1)(3)-Free of Accident Hazard/Supervision/Devices due to the facility's failure on 4/13/2020 to supervise a resident with severe cognitive impairment and identified as having a behavior of wandering from exiting the building unsupervised. This incident caused the likelihood of serious injury, harm, impairment or death for Resident #1 and other residents with wandering behaviors. The SSA notified the facility's Administrator of the IJ and SQC on 11/23/2020 at 2:40 PM Based on evidence provided by the facility and upon SSA review, the facility's implementation of corrective actions on 4/13/2020 and completion on 4/14/2020 prior to SSA entrance showed the immediacy was removed on 4/14/2020 and the IJ was considered as Past Non-Compliance (PNC) by the SSA. At the time of the 11/24/2020 survey, the facility had a census of 87 and held a license of 108 beds.	F 000		