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	255309	A. BUILDING _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARS HEALTH CENTER	2800 WEST MAIN STREET TUPELO, MS 38801

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F 000	INITIAL COMMENTS The State Agency (SA) conducted complaint survey for MS # 18616, MS# 18619, and Facility Reported Incident (FRI) MS# 18618 at the facility from 03/24/2022 to 03/29/2022 along with an Employee Vaccination section of the Infection Control survey. During the survey, the SA determined that the facility followed the requirements for participation in Medicare and Medicaid. The SA did not substantiate noncompliance with MS # 18616 Quality of care /treatment other, meds not given properly, and staffing, MS# 18619 Quality of treatment medications not given as physician ordered, were not substantiated and the FRI MS #18618 was substantiated at past noncompliance and F 825 was cited. The facility was licensed for 140 beds and had a census of 110 at the time of the survey.	F 000		
F 825 SS=D	Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2) §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized	F 825		4/15/22

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

Electronically Signed | 04/15/2022

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F 825	Continued From page 1 rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is not met as evidenced by: Based on staff, residents,and family interviews, record review and facility policy review the facility failed to provide services for Speech Therapy as ordered by the physician for six (6) of 27 residents who had physician orders for speech therapy during 01/17/2022 to 01/20/2022. Resident #5, Resident #12, Resident #13, Resident #14, Resident #15 and Resident #16. Findings include: Review of therapy department policies and procedures titled "Administrative Policy and Procedure" with a revision date of 8/1/16 revealed, "Subject Billing for Therapy Services Procedure...Policy...Billing shall be made only for services provided...Billing for therapy services will be in compliance with Medicare guidelines or other applicable payer (insurance) guidelines. Procedure Charges will be generated for therapy services that are treatment related, patient specific, medically necessary, under orders of a qualified provider, and documented in the medical record on the day the treatment is delivered..." Review of the therapy policy titled "Therapy Orders Policy" with effective date of 7/15/2018, revealed "Policy A therapy order from a physician/nonphysician practitioner is required for all therapy services...Procedure...5. Daily schedules will be turned into the Rehab Director daily for filing into binder...7. Rehab Directors will ensure schedules are completed by therapists	F 825	Past noncompliance: no plan of correction required.	

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F 825	Continued From page 2	F 825		

and filed into the binders per self or designee. 8. Regional Managers will conduct audits of schedule binder and adherence to policy and procedure...c. Patients time in treatment 1. The time the patient is involved in hands-on or directly supervised treatment by the therapists. 2. Treatment time should be calculated from the time the patient begins the first treatment activity to the time the patient finishes the last skilled intervention, and no further assessment is required by the therapist..."

On 09/29/2022 at 9:27 AM, an interview with the Director of Therapy Services (DTS) revealed that she assisted with the investigation related to a facility reported incident of a complaint that a resident had not received Speech therapy in a few days. The Therapy department is part of the facility as a contracted therapy service. A complaint by a resident of not receiving Speech Therapy in a few days led to the Social Service Department contacting the therapy department and the DTS initiated an investigation that led to the discovery of six (6) residents not receiving speech therapy as ordered, after interviewing all the residents that Speech Therapist (ST) #1 was assigned. During the investigation the DTS determined that falsification of time and documentation by Speech Therapist #1 (ST #1) and the charges for the services that the 6 residents did not receive were backed out and they were not billed. The dates in question that the speech therapy services were not received were 1/18/2022, 1/19/2022 and 1/20/2022. When the DTS interviewed ST#1, she did not say anything, she just signed the paper. ST#1 was terminated. As part of the plan of correction the DTS had the residents who had not received speech services as ordered reassessed to

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ensure no harm and speech therapy was provided as ordered. The DTS initiated in-services for all the therapy department that included a review of the therapy's Administrative Policy and Procedure : Therapy Orders Policy, Billing for Therapy Services, Billing for Therapy Procedure, and all of the therapy department staff completed an on line in-service titled "Fraud , Waste, and Abuse that included objectives to define healthcare fraud and abuse, identify methods to Prevent fraud and abuse, identify methods the Federal Government uses to detect fraud and abuse, and to understand how to report fraud and abuse. As part of the plan of correction to ensure there is no repeat of this type of incident the DTS has initiated every week she selects a random day to audit of shift enter and exit times, which is how therapy clocks in and out and look at all the codes to ensure the times and scheduled visits match, she also randomly interviews residents that are scheduled for treatment across Physical Therapy, Occupational Therapy and Speech Therapy and she maintains a log of the audits.

On 03/29/2022 at 9:44 AM an interview with Licensed Physical Therapist #2 (LPT) confirmed that she had been interviewed by the DTS concerning therapy on Resident #5 on 1/18/22 and that she did not co-treat with ST #1 on that date.

On 03/29/2022 at 9:46 AM, an interview with Occupational Therapist #3(OT) confirmed that she was interviewed during the investigation of ST #1 and that she did report that she did not co-treat with members of Speech Therapy on 01/18/22 or 01/19/22.

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On 03/29/2022 at 9:56 AM, an interview with Physical Therapist #4 (PT) confirmed that she was interviewed by the DTS related to co-treating with ST #1 during the week in question, but she could not recall the exact dates. She confirmed that she had not co-treated with ST #1 during the month of January 2022.

On 03/29/2022 at 10:00 AM, an interview with Physical Therapy Assistant #5 (PTA) confirmed that she was interviewed during the investigation of ST #1 and that she did not co-treat during the days in question.

On 03/29/2022 at 10:10 AM, an interview with Certified Occupational Therapy Assistant #6 (COTA) confirmed that she was interviewed by the DTS during the investigation of ST #1 but denied co-treating with ST #1. She went on to say that she could not recall ever co-treating with ST #1.

On 03/29/2022 at 10:20 AM, an interview with the Administrator (ADM) revealed that in January of 2022 the Social Worker discovered that Resident #5 had not received Speech Therapy in a couple days. She sent an inquiry to the DTS asking to confirm if the resident was receiving ordered treatments. That led to the DTS looking into the Speech Therapy scheduled treatment where she discovered there were overlapping treatment times between the speech therapist and other therapies. The DTS initiated an investigation and informed the ADM of the findings. The ADM phoned the reportable incident to the hot line, she reported it to the Attorney General's Office, State Agency, and she had Human Resources to assist her in reporting the incident to the Speech Therapy Licensure. Speech Therapy Licensure

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was present at the facility the first of March to do their investigation. The ADM reported that she called in another Speech Therapist and utilized their other Speech Therapist to re-assess the residents who were discovered to not have received all their Speech Therapy and provide treatment as ordered by the physician. The ADM and the Director of Nursing (DON) interviewed all the residents that were assigned to ST #1 and confirmed it was six (6) residents who had not received ST. Resident #5, #12, #13, #14, #15, and #16. The ADM reported that she carried the incident to the Quality Assurance meeting and discussed the incident and the Plan of Correction, and that the DTS performed the in-services for the therapy department and that the DTS is keeping a weekly log of her audits to ensure this does not reoccur. The Compliance Officer for the Therapy company has scheduled to come to the facility on April 18 through April 20, 2022 to do extensive reviews and in-services for the Therapy department. The ADM reported that on 03/11/2022, she and the Executive Director had a Zoom meeting with the Therapy Consultant to review the Plan of Care and voiced there had been no other issues. The facility investigation found that there was a total of six (6) residents #5, #12, #13, #14, #15 and #16 that were assigned to ST #1 with scheduled visits during the time of question. Therapy performed an audit of the six residents that did not receive services and the services were either not billed or the billing removed prior to submission. At the conclusion of the facility investigation the ADM could not substantiate misappropriation of funds as any missed visits were removed from billing and the residents received no charge for services they did not receive.

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On 03/29/2022 at 2:28 PM, a phone interview with the son of Resident # 5 revealed that over all they were very pleased with the care his mother received while at the facility, he recalls a young dark-haired woman in her 30's worked with his mother while at the facility but could not recall her name. He stated that his mother has continued with therapy on home health since her return home and was continuing to improve.

SA validated through record review and interviews on 03/29/22 that the facility held a Quality Assurance meeting and documented through a sign-in sheet for January 2022 and it revealed that the facility had implemented an investigation and were developing and monitoring a plan to ensure that services were received as ordered.

SA validated through record review and interviews with staff on 03/29/22 that facility in-services for reviewing Administrative Policy and Procedure: Therapy Orders Policy, Billing for Therapy Services, Billing for Therapy Procedure, and all of the therapy department staff completed an online in-service titled "Fraud , Waste, and Abuse that included objectives to define healthcare fraud and abuse, identify methods to Prevent fraud and abuse, Identify methods the Federal Government uses to detect fraud and abuse, and to understand how to report fraud and abuse, confirmed that the therapy department had been in-serviced at 100% of staff participation.

SA validated through record review of the facility investigation of ST#1's schedule dated 1/17/2022 through 1/25/2022 revealed that on 01/17/2022 that conflicting times for speech therapy (ST)

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8:52 AM to 9:34 AM with Licensed Physical Therapy #2 (LPT)/Occupational Therapy #3 (OT) for 8:35 AM to 9:35 AM for Resident #5, with Resident #13 being out of the facility until 11:16 AM with ST time of 9:50 AM to 10:30 AM, Resident #14 ST time of 11:07 AM to 11:57 AM conflicting with PTA#5/COTA#6's time as 11:07 AM to 11:57 AM and Resident #5 with conflicting ST time for Resident #5 on 01/19/2022 from ST 11:08 AM -11:52 AM and PT#4/OT#3 of 11:04 AM to 11:54 AM. The review revealed that the treatment billing for these encounters for ST had been removed as of 01/25/22.

SA validated through record review that the facility investigation revealed that ST #1 received a "Notice of Disciplinary Action dated 01/21/2022 that listed the following counseling had taken place, Violation of Company Policy, State Practice Act Violation, Late Documentation, and Falsification of Records. The summary of the violation revealed that a patient and family complained to social services of receiving no speech therapy on 1/17/2022 and 1/18/2022. Referring back to daily schedules that are required to be turned in daily revealed the ST times conflicted with the PT/OT time and that ST #1's labor log does not match the time she was actually seen at the facility.

SA validated through further record review of facility investigation revealed that a summary of corrective action plan for ST #1 was termination due to misconduct, falsification of hours worked, and fraudulent charges. These violations against company policy as well as the state practice acts. Charges will need to be removed for these dates as the service was not provided. Dated and signed by ST #1 and DTS on 01/25/2022.

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F 825	Continued From page 8 SA validated through record review that the facility reported ST #1 to the licensure board on 01/31/22 for a State Practice Act Violation. The SA validated through observations, record review, staff and resident interviews that the facility provided all corrective actions and was at Past Non Compliance (PNC) status as of 01/31/22 when they completed all of their mandated federal reporting and investigation requirements prior to the SA entrance on 03/24/22.	F 825		