STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255115	A. BUILDING _____ B. WING _____	C 04/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN NURSING AND REHABILITATION CENTER LLC	4540 MANHATTAN RD JACKSON, MS 39206

(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 Complaint Investigations (CI), MS #18381, MS#18439, MS#18576, and MS#18645 at the facility from 3/29/22 through 4/1/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. MS #18576 was substantiated related to written notification of transfer and F623 was cited. MS #18381 was not substantiated for insufficient staffing, supplies, call bells not answered, and abuse. MS #18439 was not substantiated for staffing, infection control, insufficient food, and medications not given. MS #18645 was not substantiated for staffing, medications not given, resident left wet and soiled for extended periods. The facility had a license for 180 beds, with a census of 148.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in	F 623		5/9/22

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

Electronically Signed | 04/28/2022

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F 623	Continued From page 1	F 623		

paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.
(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal

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F 623	Continued From page 2	F 623		

hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).

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F 623	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on staff interviews, record reviews, and facility policy review the facility failed to notify the Resident Representative (RR) in writing of the resident's transfer to the Emergency Department for one (1) of three (3) resident transfers reviewed. Resident #1. Findings include: A record review of the facility's policy titled, "Discharge and Transfer Policies-Involuntary", dated 1/15 revealed, "Policy: Transfer and discharge includes movement of a resident to a bed outside of the facility whether that bed is in the same physical plant or not ...The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless specific criteria, as outlined below, are met...3. Documentation is required in the resident record when a resident is transferred or discharged-regardless of the circumstances." A record review of Resident #1's "Face Sheet" revealed the facility admitted Resident #1 on 9/19/18 with the diagnoses including Peripheral Vascular Disease and Gout. A record review of Resident #1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/20/22, Section A, revealed Resident #1 was discharged to an acute hospital on 1/20/22. Section C revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 09 which indicated Resident #1 has moderate cognitive impairment. A record review of Resident #1's "Departmental	F 623	F-623 1. Resident #1 was discharged from the facility on 02/23/22. Resident #1 had no ill effects from this deficient practice. 2. All Residents have the potential to be affected by this deficient practice. 3. An In-Service was conducted on 04/01/22 by the Vice President of Operations with the Executive Director and the Director of Nursing Services on ensuring the facility will notify the Resident Representative in writing of the Resident's Transfer to the Emergency Department. 4. A 100% Audit was conducted on 4/02/2022 by the Executive Director and the Asst. Executive Director from the date of 4/01/2022 of all Discharged/Transferred Residents to ensure Discharge/Transfer Letters were sent out to the Resident Themselves and/or their Representative. Any concerns found were immediately corrected. The Director of Nursing Services initiated audits on 04/04/2022 5 times weekly for 4weeks to ensure the Resident Representative was notified in writing for Residents who received transfers to the Emergency Department. Any concerns will be immediately addressed. The Director of Nursing Services will forward the results of the audits to the Quality Assurance Committee at the completion of the 4 week period of auditing. The Quality Assurance Committee will determine the	

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F 623	Continued From page 4 Notes" dated 1/20/22, revealed Resident transferred to (Name of local hospital) per ambulance...." The departmental noted is signed by Staff #1. On 3/30/22 at 3:15 PM, an interview with License Practical Nurse (LPN) #1 revealed, it is the nurses's responsibility to notify the Resident Representative (RR) by phone and document in the nurses notes for residents that are transferred to the Emergency Department. On 3/31/22 at 9:08 AM, an interview with Licensed Social Worker #1 revealed, it is the business office manager's responsibility to mail letters to the RR regarding bed hold and reason of transfer. On 3/31/22 at 1:23 PM, an interview with Director of Nurses (DON) revealed the nurses responsibility is to notify the RR of transfers and document in nurses note. On 3/31/22 at 2:00 PM, an interview with Administrator revealed during the Covid-19 pandemic, the facility failed to mail the letter to Resident #1's RR regarding why the resident was being transferred to the hospital in layman's terms on 1/20/22. On 3/31/22 at 2:30 PM, an interview with the Business Office Manager revealed, Resident #1's bed hold letter was mailed and signed by the RR on 1/21/22 but did not mail the letter to RR on why being transferred to the hospital, on 1/20/22, and can not report why it was not mailed.	F 623	frequency of discontinuation of the audits based upon the results achieved.	