STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255185	A. BUILDING _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANOLA REHABILITATION AND HEALTHCARE CENTER	401 HIGHWAY 82 WEST INDIANOLA, MS 38751

(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
E 000	Initial Comments ********** Survey conducted on 05/10/22 reveals the above facility does not meet all applicable Federal, State and local emergency preparedness requirements.	E 000		
E 004 SS=F	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the	E 004		5/17/22

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

Electronically Signed | 06/07/2022

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E 004	Continued From page 1 requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. . This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to provide and update the emergency preparedness (EP) plan per requirements of 42 CFR §483.73 (a). Findings include: On 5/10/22 at 10:45 AM, the facility failed to provide the (2021 or 2022) emergency preparedness (EP) plan. Documentation review revealed the facility provided and EP plan dated from the year of 2020. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/10/22.	E 004	Preparation and submission of this plan of correction by Indianola Rehabilitation and Healthcare does not constitute am admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws. E004 1. Emergency Operations Coordinator for Mississippi Department of Health was contacted by the Administrator (ADM) on May 10, 2022 requesting a Letter of Approval for the Emergency Operations Plan (EOP) dated September 16, 2021 that he received in September 2021. Letter of Receipt of EOP dated	

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E 004	Continued From page 2	E 004	September 30, 2021 was received by ADM via email from Emergency Operations Coordinator on May 10, 2022, it replaced EOP Approval letter dated November 01, 2019 for the 2020-2021 Long term Care (LTC) License year. On May 13, 2022, ADM received two Emergency Operations Plan approval letters via email form the Emergency Operations Coordinator. One was dated May 12, 2022 for April 01, 2021-March 31, 2022 LTC licenses year and one was dated May 13, 2022 for April 01, 2022-March 31, 2023 LTC license year. Both approval letters were added to EOP Plan binder. 2. All residents have the potential to be affected. On May 13, 2022 ADM audited the EOP binder and placed in the binder all current Letters of Approval for the current Emergency Operation Plan dated September 16, 2021. 3. The Administrator was in-serviced 1:1 by the Corporate Nurse Consultant related to ensuring all supporting documentation is received timely from the Emergency Operations Coordinator to ensure substantial compliance. 4. The Administrator will set a calendar reminder to self-weekly for four weeks to follow-up with Emergency Operations Coordinator once the annual EOP is submitted for approval to ensure the annual review of the EOP is received and Letter of Receipt is received timely at the	

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E 004	Continued From page 3	E 004	facility level, then monthly there after to ensure the Letter of Approval is received at the facility level and the EOP binder is updated with the supporting letters accordingly. Findings will be reported to the Quality Assurance Committee for further interventions. The ADM is responsible for ongoing monitoring and overall compliance. Date of Compliance 5/17/2022	