STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A233	A. BUILDING _____ B. WING _____	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST NURSING HOME-CALHOUN, INC	152 BURKE CALHOUN CITY ROAD CALHOUN CITY, MS 38916

(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 an annual recertification survey at the facility from 6/13/22 through 6/16/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. During the survey, the SA cited F623 related to resident transfer and F625 related to bed hold. The facility held a license for 120 beds and had a census of 88 at the time of the survey. The State Agency (SA) conducted a COVID -19 Focused Emergency Preparedness Survey at the facility from 6/13/22 to 6/16/22.The facility was found to be in compliance with 42 CFR - 483.73 related to E-0024 (b)(6).	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 paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice.	F 623		8/3/22

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

Electronically Signed | 06/28/2022

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 623	Continued From page 1	F 623		

(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 hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State

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F 623	Continued From page 2 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). This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to provide a written notice of transfer	F 623	**Corrective actions accomplished for residents found to have been affected by	

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F 623	Continued From page 3 to the resident and the Resident Representative (RR) for three (3) of three (3) residents reviewed. Resident #22, #83, and #89. Findings include: Resident #22 Record review of Resident #22's electronic health record (EHR) and hard copy chart revealed there was no documentation of written notification that had been submitted to the RR for a hospital transfer for Resident #22. Record review of a handwritten Physician's Telephone Order dated 04/24/22 at 9:30 AM, revealed "Discharge to (Formal name of hospital) for direct admit to inpatient..." Record review of the Departmental Notes dated 04/24/22 at 10:10 AM, revealed "... New order to transfer to (Formal name of hospital) for a direct admit inpatient..." Record review of the Face Sheet for Resident #22 revealed he was admitted to the nursing facility, on 6/1/15 with diagnoses that included Neuromuscular Dysfunction of bladder, Unspecified, Retention of Urine, Unspecified, Hydronephrosis with Renal and Ureteral Calculous Obstruction, and other Artificial Opening of Urinary Tract Status. Resident # 83 Record review of a handwritten Physician's Telephone Order dated 5/1/22 at 9:45 PM revealed an order "Send to ER (Emergency Room) for eval (evaluation)."	F 623	the deficient practice: Resident #22 discharged from the facility to the hospital on 4-24-2022 and returned to the facility on 5-1-2022 which was within the 14 day timeframe. Resident #83 was discharged to the hospital on 5-1-22 and returned to the facility on 5-5-2022 which was within the 14 day timeframe. Resident #89 transferred from the facility on 4-13-22 and expired in the emergency department. At the time of survey resident #22 and #83 were in facility with no notice necessary at this time. **Identification of other residents having the potential to be affected by the same deficient practice: All residents who are admitted and presently reside at this facility have the potential to be affected by the deficient practice of failing to provide written notice of transfer/discharge. **Measures put into place or systemic changes to ensure the deficient practice will not recur: The Director of Nursing(DON) performed an audit of the census on June 14, 2022 with no residents found to be out of the building at this time. This review was completed on June 14, 2022 with no residents affected. Policy titled Notice Requirements before Transfer/Discharge was created on June 14, 2022 by Administrator and Director of	

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F 623	Continued From page 4 Record review of the Departmental Notes dated 5/5/22 at 5:57 PM, revealed "Resident returned from the hospital ..." Record review of Face Sheet revealed the Resident #83 was admitted to the facility on 4/27/21 with diagnoses that included Alzheimer's Disease, Dementia with Behavioral Disturbance, Depressive Disorder, Anxiety Disorder, Unspecified Psychosis, Hypertension. Resident # 89 Record review of the April 2022 Physician Orders revealed an order dated 4/23/22 to "Transfer to ER (Emergency Room) via (by) ambulance." Record review of Face Sheet revealed Resident #89 was admitted to the facility on 4/13/22 with diagnoses that included Cerebral Infarction, Type 2 Diabetes Mellitus, Pneumonitis due to inhalation of food or vomit, Epilepsy. An interview and record review, on 6/14/22 at 03:15 PM, with the Social Worker confirmed that there was not a written notice of hospital transfer provided to the RR for Resident #22. The Social Worker confirmed that the departmental note dated 04/24/22, located in the EHR reflected Resident #22 was transferred to the hospital for an admission. The Social Worker confirmed there was a handwritten physician's order in the hard chart to discharge Resident #22 to the hospital for admission, on 4/24/22. The Social Worker revealed that the facility does not submit written notices for hospital transfers to the residents and/or the RR. She stated was not aware that notices for hospital transfers had to be provided	F 623	Nursing. Intent states that it is the policy of the facility to notify the resident and or their legal guardian of the move before transfer and /or discharge according to state and federal regulations. On June 14, 2022 Social Worker was educated on the new policy by the Administrator. The tracking tool was reviewed and implemented by the Administrator, Director of Nursing, Social Worker and Quality Nurse during the daily meeting on 6-15-2022.Social Worker began documentation on tracking tool with the next transfer on 6-22-2022. **Facility plan to monitor its performance to make sure that solutions are sustained: The corrective action will be monitored by the Quality Assurance (QA) Coordinator appointing the Social Worker to complete a QA verification form weekly on Wednesday during the Interdisciplinary Care Plan Meeting. This verification form was implemented by the Administrator on 6-22-22 and will remain a permanent part of our Wednesday Interdisciplinary Team meeting. The QA Coordinator will monitor this verification form monthly for three (3) months with first monthly verification to be completed on 7-22-2022. The findings will be presented at the monthly Quality meeting to be held on August 3, 2022. This verification form will be presented during the monthly Quality meeting for three (3) months with an expected completion date of October 5, 2022. This Quality Assurance and Performance form has been implemented and the	

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F 623	Continued From page 5 to the residents and/or RR in writing. The Social Worker confirmed the facility did not provide a written notice of transfer to Resident # 83's or Resident #89's RR. She stated the RR was notified by telephone, but no written notification was provided. An interview with the Administrator on 4/22 at 4:00 PM, revealed the facility failed to provide a written notification of transfer to RR. She revealed she had attended a training on this requirement but she had unintentionally failed to implement the process for this requirement. She stated the facility did not have a policy on notification of transfer in place prior to 6/13/22 and she confirmed the facility failed to notify the RR in writing of the transfer to the hospital.	F 623	corrective action evaluated for effectiveness. This deficiency, the corrective action and any further problems noted will be presented to the Quality Assurance Committee monthly for review and recommendations as needed.	
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and	F 625		8/3/22

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F 625	Continued From page 6 (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide bed hold notification to residents or Resident Representatives (RR) for residents sent out to an acute care facility for two (2) of three (3) residents reviewed for bed hold. Resident #22 and #83. Findings include: Record review of documentation on facility letterhead dated 6/14/22 and signed by the Administrator revealed "(Formal Name of Facility) did not have a Notice of Bed Hold Policy in place prior to 6-13-2022. (Formal Name of Facility) did not have Bed Hold notice form in place prior to 6-13-2022." Resident #22 Record review of Resident #22's electronic health record (EHR) and hard copy chart revealed there was no documentation of written notification for bed hold that had been submitted to the Resident or RR for Resident #22. Record review of the Departmental Notes dated 04/24/22 at 10:10 AM, revealed "... New order to	F 625	**Corrective actions accomplished for residents found to have been affected by the deficient practice: Resident #22 discharged from the facility to the hospital on 4-24-2022 and returned to the facility on 5-1-2022 which was within the 14 day timeframe and no change in Medicaid rate was observed. Resident #83 was discharged to the hospital on 5-1-22 and returned to the facility on 5-5-2022 which was within the 14 day timeframe with no change of Medicaid rate observed. At the time of survey resident #22 and #83 were in facility with no notice necessary at this time. **Identification of other residents having the potential to be affected by the same deficient practice: All residents who are admitted and presently reside at this facility have the potential to be affected by the deficient practice of failing to provide written notice of bedhold policy before/upon transfer.	

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F 625	Continued From page 7 transfer to (Formal name of hospital) for a direct admit inpatient..." Record review of a handwritten Physician's Telephone Order dated 04/24/22 at 9:30 AM revealed "Discharge to (Formal name of hospital) for direct admit to inpatient..." Record review of the Face Sheet for Resident #22 revealed he was admitted to the nursing facility, on 6/1/15 with diagnoses that included Neuromuscular Dysfunction of bladder, Unspecified, Retention of Urine, Unspecified, Hydronephrosis with Renal and Ureteral Calculous Obstruction, and other Artificial Opening of Urinary Tract Status. Resident #83 Record review of a handwritten Physician's Telephone Order dated 5/1/22 at 9:45 PM revealed an order "Send to ER (Emergency Room) for eval (evaluation)." Record review of the Departmental Notes dated 5/5/22 at 5:57 PM, revealed "Resident returned from the hospital ..." Record review of the signed "Therapeutic Home/Hospital Leave Form" dated on 4/27/2021, with bed hold amount of $234.25. The cost at discharge to the hospital on 5/1/22 for Resident #83 was $224.33. Record review of Face Sheet revealed the Resident #83 was admitted to the facility on 4/27/21 with diagnoses that included Alzheimer's Disease, Dementia with Behavioral Disturbance,	F 625	**Measures put into place or systemic changes to ensure the deficient practice will not recur: The Director of Nursing(DON) performed an audit of the census on June 14, 2022 with no residents found to be out of the building at this time. This review was completed on June 14, 2022 with no residents affected. Policy titled Notice of Bed Hold Policy/Upon Transfer was created on June 14, 2022 by Administrator and Director of Nursing. Intent states that it is the policy of the facility to notify the resident and or their legal guardian in writing of the Bed Hold Policy and will include all information required by state and federal law, rules, or regulation applicable to Medicaid cases. On June 14, 2022 Social Worker was educated on the new policy by the Administrator. The tracking tool was reviewed and implemented by the Administrator, Director of Nursing, Social Worker and Quality Nurse during the daily meeting on 6-15-2022.Social Worker began documentation on tracking tool with the next transfer on 6-22-2022. **Facility plan to monitor its performance to make sure that solutions are sustained: The corrective action will be monitored by the Quality Assurance (QA) Coordinator appointing the Social Worker to complete a QA verification form weekly on	

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F 625	Continued From page 8 Depressive Disorder, Anxiety Disorder, Unspecified Psychosis, Hypertension. An interview and record review, on 6/14/22 at 03:15 PM, with the Social Worker confirmed that there was not a written notice of bed hold provided to the resident or RR for Resident #22. The Social Worker confirmed that the departmental note dated 04/24/22 located in the EHR reflected Resident #22 was transferred to the hospital for an admission. The Social Worker also confirmed there was a handwritten physician's order in the hard chart to discharge Resident #22 to the hospital for admission on 4/24/22. The Social Worker revealed that the facility does not submit written notices for bed hold to the residents or the RR's. She revealed the facility had a bed hold policy signed on admission and the facility notified the RR's by phone when resident was transferred. She stated she was not aware that notices for bed hold had to be provided to the residents or RR's in writing. She confirmed Resident #83 nor his RR received a written bed hold notice when the resident was sent to the hospital. An interview with the Administrator on 6/14/22 at 4:00 PM, revealed the facility did not have a notice of bed hold policy in place prior to 6/13/22. She confirmed the facility failed to notify the resident or the RR in writing of the bed hold notice policy including the bed hold amount. An interview with the Administrator on 6/16/22 at 11:00 AM, revealed the RR for Resident #83 signed the "Therapeutic Home/Hospital Leave Form" on admission with date of 4/27/2021. She stated at that time, the cost for the bed hold was $234.25 and at the time of Resident #83's	F 625	Wednesday during the Interdisciplinary Care Plan Meeting. This verification form was implemented by the Administrator on 6-22-22 and will remain a permanent part of our Wednesday Interdisciplinary Team meeting. The QA Coordinator will monitor this verification form monthly for three (3) months with first monthly verification to be completed on 7-22-2022. The findings will be presented at the monthly Quality meeting to be held on August 3, 2022. This verification form will be presented during the monthly Quality meeting for three (3) months with an expected completion date of October 5, 2022. This Quality Assurance and Performance form has been implemented and the corrective action evaluated for effectiveness. This deficiency, the corrective action and any further problems noted will be presented to the Quality Assurance Committee monthly for review and recommendations as needed.	

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F 625	Continued From page 9 hospitalization, the cost was $224.33. The Administrator confirmed the facility failed to provide the current bed hold reserve bed payment information to the RR in writing. Surveyor: Mix, Michell	F 625		