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	255249	A. BUILDING _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPERE NH INC	865 NORTH STREET JACKSON, MS 39202

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification and a Complaint Investigation (CI), MS #18704 and CI MS #19112, at the facility from 7/17/22 to 7/20/22. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA did not substantiate MS #18704 related to a resident death or MS #19112 related to neglect and poor quality of care. The SA cited F623 and F645 related to the annual recertification survey. The facility held a license for 60 beds and had a census of 59.	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. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or	F 623		8/15/22

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

Electronically Signed | 08/05/2022

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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 Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual

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F 623	Continued From page 2 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 interviews, record review, and facility policy review, the facility failed to notify the Resident Representative (RR) in writing the reason for a transfer to an acute care hospital for	F 623	"Resident #35 has returned to facility. The proper transfer/discharge documents are on hand to be sent as needed. There are no other residents who have	

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F 623	Continued From page 3 one (1) of one (1) sampled residents for hospitalizations. Resident #35 Findings include: Record review of the facility's "Transfers and Documentation" policy with a revised date of 11/2017, revealed "... E. Documentation- ... The documentation for all discharges and transfers, must include, as a minimum, and as they may apply: 1. The reason(s) for the discharge or transfer. 2. That an appropriate notice was provided to the resident and/or resident representative ..." On 07/18/22 at 01:45 PM, during an interview with the Director of Nursing (DON), she explained Resident #35 is currently in the hospital and is on bed hold with plans to return to the facility. Resident #35's son was at the facility when she was transferred to the hospital and was aware of the transfer. The Social Worker is responsible for mailing transfer and bed hold letters to the family. On 07/18/22 at 02:50 PM, during a phone interview with Resident #35's son, who is the RR, he explained his mother has been in the hospital since 6/24/2022 and plans to return to the facility. He reported he did not receive a letter regarding the hospitalization transfer but did talk on the phone with the Social Worker regarding bed hold. A record review of Resident #35's "Admission Record" revealed the facility initially admitted her on 02/08/2013 and she was readmitted on 08/07/2020 with diagnoses including Chronic Stage 3 Kidney Disease and Blister Right Thigh Initial Encounter.	F 623	transferred to hospital currently. "All residents that transfer or discharge have the potential to be affected by this deficient practice. "The social worker and administrator were in-serviced on completion of notification of transfer forms and process of sending them out by social services director from sister facility on 7/21/2022 "Each resident that transfers or discharges will receive the notice with reason for discharge or transfer along with the appropriate notice to resident or resident representative from the social worker or business office manager. Audits to begin 7/21/22 and will be conducted weekly by the Administrator and social worker for each transfer or discharge for the next 3 months. Findings from the first monthly audit to be brought to quality assurance team 8/2/22. Findings will continue to be brought to and reviewed by Quality Assurance and Performance Improvement committee monthly x 3 to ensure continued compliance.	

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A record review of Resident #35's "Physicians Orders" dated 6/24/22, revealed ..."To (Proper Name of Physician and Nurse Practitioner) Transport resident via (Proper Name of Transport Service) to (Proper Name of Acute Care Hospital) for further evaluation..."

Record review of the "Notice of Hospital Transfer/Therapeutic Leave for Medicaid-Eligible Residents" letter revealed "(Proper Name of Resident #35)...Notice is hereby given Resident Representative that (Proper Name of Resident #35) transferred to (Proper Name of Acute Hospital) at 10:00 PM on 6/24/22..."

A record review of Resident #35's "(Proper Name of Acute Care Hospital) Hospitalist Daily Progress Note" revealed Resident #35 ..." admit date 06/24/2022 ..."

On 07/18/22 at 03:05 PM, during an interview with the DON, she explained the current notification to the RR is a letter mailed for bed hold and hospital transfer/therapeutic leave. She confirmed this letter does not include the reason for the transfer and she did not know that the reason for transfer was required to be included on the notification letter.

On 07/18/22 at 03:30 PM, during an interview with the Corporate Nurse, she explained the facility does not have a hospital transfer letter explaining in writing the reason the resident was transferred to the hospital and the facility did not mail a hospital transfer letter to Resident #35's RR detailing the reason for the transfer.

On 07/19/22 at 09:30 AM, during an interview with the facility's Social Worker, she explained

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F 623	Continued From page 5 she was not aware the letter mailed to Resident #35's RR should have included the reason for transfer. She confirmed she had only mailed bed hold letters to the RR's and she had not mailed any notifications of transfers that included the reason for the transfer. On 07/19/22 at 09:45 AM, during an interview with the Administrator, he explained he was not aware the resident transfer letters mailed to the RR's must include the reason for the transfer.	F 623		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental	F 645		8/15/22

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condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-
(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,
(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and
(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-
(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).
(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3)

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F 645	Continued From page 7 or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review the facility failed to conduct a Level I Pre-Admission Screening prior to the resident's admission to the facility to determine if the resident has a mental, intellectual disorder, or related condition for five (5) of 17 sampled residents. Resident # 3, Resident #5, Resident #12, Resident #22, and Resident #25 Findings include: A review of the facility's policy "PASRR (Pre-Admission Screen and Resident Review)", revised 2012, revealed, "It is the policy of this facility to do the Pre-Admission Screening process ...All persons requiring nursing facility level of care must have a PAS completed for admission to a Medicaid certified nursing facility ..." Resident #3 A record review of Resident #3's clinical record revealed no Pre-Admission Screening (PAS) had been completed. A record review of the "Admission Record" for Resident #3 revealed the facility admitted her on 7/29/21 with a diagnosis of Unspecified Dementia. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/14/22 revealed a Brief Interview for Mental Status (BIMS) score of seven (7) which indicated	F 645	"The social worker completed and submitted the preadmission screening and resident review for residents #3 #5 #12 #22 #25 on 8/5/22. All residents admitted in future will have the preadmission screening and resident review completed upon admission. Audits began on 7/21/22 by the director of nursing and administrator. "All residents admitted to facility have the potential to be affected by this deficient practice. "The corporate nursing staff provided the social worker with training on how to complete PASSR on 7/20/22. The administrator and social worker were in-serviced on the PASSR requirements by social service director from sister facility on 7/21/2022. All current resident records are being audited as of 7/21/22 by the director of nursing and administrator to ensure that the preadmission screening and resident review has been completed. Audits will be completed by 8/10/22. Any residents that are not in compliance will have a completed and submitted preadmission screening and resident review by 8/15/22. Preadmission screenings and residents reviews will be completed for any resident found to not be in compliance. "The social worker, director of nursing,	

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F 645	Continued From page 8 Resident #3 had severe cognitive impairment. Resident #5 A record review of Resident #5's clinical record revealed no PAS had been completed. A record review of Resident #5's "Admission Record" revealed the facility admitted her on 4/23/21 with diagnoses including Type II Diabetes Mellitus and Schizophrenia. A record review of the Quarterly MDS with an ARD of 4/08/22 revealed Resident #5 had a BIMS score of 15 which indicated she is cognitively intact. Resident #12 A record review of Resident #12's clinical record revealed no PAS had been completed. A record review of Resident #12's "Admission Record" revealed the facility admitted her on 5/19/21 with diagnoses including Major Depressive Disorder and Schizoaffective Disorder. A record review of the Quarterly MDS with an ARD of 4/22/22 revealed Resident #12 had a BIMS score of 00, which indicated she had severe cognitive impairment. Resident #22 A record review of Resident #22's clinical record revealed no PAS had been completed. A record review of the "Admission Record" for	F 645	and administrator will complete monthly audits x 3 months on all admissions for PASSR completion. Monthly audits began 7/21/22. These initial findings from the audit will be reviewed by the quality assurance team 8/2/22. Findings from the monthly audits will be brought to and reviewed by the quality assurance performance improvement committee the beginning of every month to ensure continued compliance for the next three months.	

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Resident #22 revealed an original admission date of 6/8/21 and a readmission date of 9/22/21 with diagnoses of Unspecified Dementia in other Diseases classified elsewhere with behavioral disturbance.

A record review of the Comprehensive MDS with an ARD of 5/20/22 revealed a BIMS score of 15, which indicated Resident #22 is cognitively intact.

Resident #25

Record review of Resident #25's clinical record revealed no PAS had been completed

Record review of the "Admission Record" for Resident #25 revealed an admission date of 12/6/21 with diagnoses of Schizophrenia and Major Depressive Disorder.

Record review of the Quarterly MDS with an ARD of 5/31/22 revealed a BIMS score of 15, which indicated Resident #25 is cognitively intact.

On 7/18/22 at 12:12 PM, in an interview with the Director of Nursing (DON), she confirmed the Pre-Admission Screenings (PAS) for Resident #3, Resident #5, Resident #12, Resident #22, and Resident #25 were not completed. She stated the Social Worker (SW) is responsible for making sure it is completed upon admission, but she is responsible for ensuring they are completed. She confirmed the PAS should have been completed before the residents were admitted to the facility to make sure that the facility could meet the needs of the residents.

On 7/18/22 at 2:10 PM, in an interview with the SW, she stated that she is responsible for making

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F 645	Continued From page 10 sure the PAS is completed for the residents and it is her responsibility to make sure it is done. On 7/18/22 at 3:01 PM, in an interview with the Administrator, he stated that it is the responsibility of himself and the SW to complete the PAS. He stated that it is a team effort, and the DON is responsible for conducting a final check of the records to make sure everything is completed. He stated a PAS is completed for residents to make sure that the facility can provide for the resident's needs, and a PAS should have been completed prior to the residents' admission to the facility.	F 645		