STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 a COVID-19 Focused Infection Control survey and Complaint Investigation (CI), MS #19429 and MS #19448 at the facility from 08/10/22 through 08/11/22. The facility was found to be in compliance with infection control regulations and the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and there were no deficiencies cited related to infection control. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. MS #19448 was not substantiated for neglect, pressure sores, infection control, nursing services, and care not received per Physician's Orders. MS #19429 was substantiated for medication diversion and F602 was cited. Based on the facility's corrective actions initiated on 7/26/22 and completed on 7/26/22, prior to the SA's entrance on 8/10/22, the SA determined F602 was past noncompliance. The facility had a license for 115, with a census of 82.	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.	F 602		

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

Electronically Signed | 08/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 602	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to protect a resident from misappropriation of a medication for one (1) of three (3) sampled residents. Resident #1 Findings Include: Review of the facility's "Policies and Procedures" with the "Subject: Abuse, Neglect, Exploitation & Misappropriation" and a revision date of 11/28/2017" revealed, "Policy: It is inherent in the nature and dignity of each resident at the center that he/she be afforded basic human rights, including the right to be from ...misappropriation of property..." A record review of the investigation of the "Statement of Events" dated 08/05/22 revealed, that on 07/26/22, the DON was summoned by LPN #1 to the North B Medication Cart. LPN #1 reported that she felt there was a discrepancy involving Resident #1's Percocet 5mg. She explained to me that she knew he had one card of 30 Percocet 5/325mg tablets and one card of 15 Percocet 5/325mg tablets arrive from the pharmacy on 7/22/22, however, there was only one card of 30 Percocet 5/325mg tablets in the medication cart. When she looked at the Controlled Drug/Card count sheet, she identified that LPN #2, had subtracted a card for Resident #1 stating there were zero doses left. The DON immediately began an investigation. When the DON phoned LPN #2 on 07/26/22 and asked that she come into the center to meet, she agreed and stated that she would come in. Approximately 30 minutes later, she texted the	F 602	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	**1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564**

(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 602	Continued From page 2	F 602		

DON stating she had car trouble and could not come in. She then would not answer phone calls for the remainder of the day. On 07/27/22, the DON was able to reach LPN #2 and questioned her over the phone. When asked if she remembered documenting on the narcotic card count record (300 Hall Controlled Drug/Card Form") that she subtracted a medication for Resident #1 on 7/23/22, she stated, "yeah, I think I do remember that". Then when asked if she could explain to how he had zero doses left when this particular card of 15 tablets had just been delivered the day before, she was silent for a few seconds and then stated, "I don't know, Ummm...I don't know". The DON asked her did she recall why she documented that the medication she subtracted was Norco and not Percocet when the resident does not have an order for Norco. She was not able to answer that question. When asked did she know where the 15 tablets of Percocet were, she stated "No, I don't know". The DON then informed LPN #2 that she was being placed on suspension pending investigation and that she needed her to write a detailed statement and bring it to to her. The DON also offered for her to come into the center and view the documents in question if she wanted to see if that would help her to remember what may have happened. As of this date, LPN #2 had not come into the center, brought a statement, nor has she answered phone calls. On 08/04/22, after several unsuccessful attempts to reach LPN #2 by phone, a letter of termination from employment with the facility was mailed to her via certified mail.

On 08/10/22 at 11:15 AM, during an interview with the Director of Nursing (DON), she confirmed that on 07/26/22, License Practical Nurse (LPN) #1 reported there was a discrepancy involving

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 602	Continued From page 3	F 602		

Resident #1's Percocet 5/325 milligrams (MG). LPN #1 revealed on 07/22/22 she remembered Resident #1 had one (1) card of Percocet 5/325 MG with 30 pills and a second card of Percocet 5/325 MG with 15 pills. Upon searching the medication cart narcotic box, she discovered Resident #1 had one (1) card of Percocet 5/325 MG with 30 pills, and the second card of Percocet 5/325 MG with 15 pills was not on the medication cart. LPN #1 discovered LPN #2 had subtracted a medication card for Resident #1 on the controlled drug count. The DON phoned LPN #2 on 07/26/22 to question the Percocet 5/325 MG card with 15 pills that was missing. LPN #2 did not report to the facility to discuss the situation or make a statement. LPN #2's stated she did not know what happened to the card with the 15 pills. The facility began an investigation and as of this date (08/10/22), LPN #2 has not come into the facility, brought the DON a statement, nor answered any of the DON's phone calls. On 08/04/22, after several unsuccessful attempts to reach LPN #2 by phone, a letter of termination from employment from the facility was mailed to LPN #2.

On 08/10/22 at 2:00 PM, in an interview with LPN #1, she stated that she knows her medication cart and all narcotics that should be on the medication cart. When she was at work on 07/22/22, she remembered Resident #1 had one (1) card of Percocet 5/325 MG for 30 pills and a second card of Percocet 5/325 MG for 15 pills. LPN #1 returned to work on 07/26/22 and reported there was a discrepancy involving Resident #1 Percocet 5/325 milligrams (MG). Resident #1 was missing the card of Percocet 5/325 MG that contained 15 pills and LPN #1 said "There was no way he would have taken that many pills during

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 602	Continued From page 4	F 602		

the weekend." LPN #1 discovered LPN #2 had subtracted a medication card for Resident #1 from the Controlled Drug/Card Form and she did not have a witness when the card was removed.

On 08/10/22 at 3:00 PM, an interview with the Administrator revealed on 07/26/22, the DON informed her of the missing medication card of Percocet 5/325 MG #15 pills for Resident #1. When the card was not located, the facility began an investigation.

On 08/11/22 at 2:00 PM, an interview with both the DON and the Pharmacy Consultant confirmed the facility received Oxycodone-Acet (Percocet) 5-325 MG, 15 tablets, filled on 07/21/22 and delivered to the facility on 07/22/22 at 01:04 AM. The Pharmacy Consultant confirmed the DON notified him of the missing medication on 07/26/22 and he notified the Board of Pharmacy. The Board of Pharmacy visited the facility and investigated the incident and concluded there was a drug diversion. LPN #2 had subtracted a card of a "made up" prescription number for a medication that had never been ordered For Resident #1. She subtracted the medication card on the master narcotic log (300 Hall Controlled Drug/Card Form) so the count would be correct when counted every shift.

On 08/11/22 at 2:30 PM, an interview with DON confirmed the facility reported to the Attorney General Office (AGO) and they came to the facility and investigated the drug diversion. The outcome of their investigation was one (1) medication card and matching narcotic sheets that had been subtracted from the master narcotic log by LPN #2 were never found. The DON revealed the facility held an emergency

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 602	Continued From page 5	F 602		

Quality Assurance and Performance Improvement (QAPI) meeting and in-service training regarding having two signatures when logging narcotics into and out of the master narcotic log and the proper procedure when a narcotic card is completed. The incident was also reported to the State Agency (SA) and the Board of Nursing.

A record review of the facility's "Proof of Delivery" document revealed that on 07/22/22 at 1:04 AM, the pharmacy delivered a quantity of 30 tablets and a quantity of 15 tablets of Oxycodone-Acet (Percocet) 5-325 to the facility.

A record review of "300 Hall Controlled Drug/Card" document revealed on 07/22/22, "RX #" (Prescription Number) 132359750 was entered with the "Drug" listed as "Percocet" for Resident #1 with "# Doses" entered as "45" and "+/- Pkgs (Packages)" indicated +2. The entry was signed by two (2) witnesses and confirmed that there were two (2) cards of Percocet received by the facility from the pharmacy and was added to the overall count of narcotic cards. On 07/23/22 prescription # 133235970 with the "Drug" listed as "Norco 5 MG" for Resident #1 and "# Doses" entered as "0" and "+/- Pkgs" indicated -1. The entry was signed only by LPN #2 and indicated that a card of Norco for Resident #1 had been depleted (zero doses) and had been subtracted from the overall count of narcotic cards.

A record review of Resident #1's "Order Summary Report" for active orders as of 07/01/22 revealed a Physician's Order dated 06/06/22 for Percocet Tablet 5-325 MG (oxycodone-Acetaminophen) give 1 tablet by mouth every 8 hours as needed for pain.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 602	Continued From page 6	F 602		

A record review of Resident #1's "Medication Administration Record" (MAR) for July 2022 revealed Percocet Tablet 5-325 MG was administered on 07/24/22 at 4:00 PM by LPN #2. This was the only date and time the Percocet is documented as being administered for the month of July 2022.

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 08/06/21 with diagnoses including Anemia and Acute Kidney Failure.

A record review of Resident #1's "5-day scheduled assessment" "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of 06/13/22 revealed "Section C0500 Brief Interview for Mental Status (BIMS) Summary Score of 09, which indicated he is moderately impaired.

A record review of the personnel file for LPN #2 revealed her termination date as 08/04/22. LPN #2 had a criminal history record check dated 11/16/2020 showing no disqualifying events and confirm suitability for employment based on the criminal record. Her license was verified with an expiration date of 12/31/23. LPN #2 completed in-service training for "Vulnerable Adults' Prevention", "Abuse, Neglect, and Exploitation" and "Medication Expectations for Nurses" on 11/20/20.

On 08/11/22, the SA validated through interviews, record review, facility policy review, and observation with staff, that the facility had begun an immediate investigation when the suspicion of misappropriation of the resident's medication had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	**1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564**

(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 602	Continued From page 7 occurred. The facility completed at 100% audit of all medication carts to include a narcotic count verification and review of all controlled substances proof of use forms and narcotic cards records on 07/26/22. The facility ordered and replaced the missing medication card at the facility's expense. The facility held a QAPI (Quality Assurance and Performance Improvement) meeting on 07/27/22 with all required disciplines present. The facility completed in-service and training on controlled drugs to include receiving medication from the pharmacy, shift sign-in/out sheet, and narcotic card count sheet to include two nurse signatures, procedure when discontinuing narcotic medication, and reporting discrepancies. Narcotic count verification and review of all controlled substance proof of use forms will be reviewed weekly for three months and will be reviewed in monthly QAPI. The SA validated that the facility had taken all necessary measures to be at past noncompliance by 07/27/22 with the deficient practice that occurred on 07/23/22.	F 602		