STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255287	A. BUILDING _____ B. WING _____	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	538 MENGE AVENUE PASS CHRISTIAN, MS 39571

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F 000	INITIAL COMMENTS The State Survey Agency (SSA) conducted an annual recertification along with a complaint investigations (CI) MS #18611 and CI MS #18612, at the facility from 08/07/2022 to 08/10/2022. During the survey, the SSA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F623, F656, and F658. The SSA did not substantiate MS #18611 and MS #18612 for abuse and there were no citations related to the complaints. The census at time of survey was 56 and the facility is licensed for 60 beds.	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		9/20/22

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

Electronically Signed | 09/01/2022

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F 623	Continued From page 1	F 623		

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 staff and resident interviews, record review, and facility policy review the facility failed to notify the resident and the Resident's Representative (RR) in writing the reason for a	F 623	This plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the	

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F 623	Continued From page 3 transfer to the hospital for two (2) of three (3) sampled residents for hospitalizations. (Resident #22 and Resident #35) Findings include: A record review of the facility's "Transfer/Discharge Notification & Right to Appeal" policy with a revision date of 03/26/2018, revealed, "... Notice Before Transfer: Before a center transfers or discharges a resident, the center must: Notify the resident and resident representative(s) of the transfer or discharge and the reasons for the move in writing ..." Resident #22 On 08/07/2022 at 12:17 PM, during an interview with Resident #22, she explained that she has been to the hospital several times since being admitted. She stated that she is not exactly sure why, as no one tells her anything. She reported she knows her blood pressure got low and she was dehydrated. A record review of Resident #22's "Admission Record" revealed the facility admitted the resident on 02/04/2022 with the diagnosis of Acute and Chronic Respiratory Failure. A record review of Resident #22's Medicare 5-day Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 06/16/2022, Section C revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. A record review of Resident #22's "Physician's Order Sheet" revealed "06/5/22 12:05 Send to	F 623	Statement of Deficiencies. This Plan of correction is prepared solely because it is required by the provisions of State and Federal laws. F-623 * On August 24, 2022, Administrator sent discharge letter to Resident #22, for July 25, 2022 discharge date. On August 31, 2022, Administrator sent discharge letters, to Resident #22, for June 5, 2022 discharge date and Resident #35, for May 24, 2022 discharge date. * All residents, that transfer or discharge, from the facility have the potential to be affected. * On August 11, 2022, Administrator and Director of Nursing in-serviced on transfer and discharge notification and right to appeal policy, by Director of Clinical Services. On August 12, 2022, Director of Nursing began in-service training with all nurses, on transfer and discharge notification and right to appeal policy. All residents that transferred or discharged from the facility, in the last 6 months, reviewed by Administrator, beginning on August 31, 2022. Administrator sent transfer/discharge letters to all residents and/or responsibility party, during 6 month look back period, beginning on August 31, 2022.	

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F 623	Continued From page 4 (Proper Name) ER (emergency room) r/t (related to) S.O.B (shortness of breath) & Hypotension ... " A record review of Resident #22's Discharge MDS with an ARD of 06/05/2022 revealed "Section A ... A0310. Type of Assessment ... F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated ... A 2100 Discharge Status" was coded as "03. Acute Hospital ...", which indicated Resident #22 was discharged to an acute care hospital. A record review of Resident #22's "Physician's Order Sheet" revealed "07/25/22 0633 (6:33 AM) Send to (Proper Name) ER for Eval (evaluation) and Tx (treatment) as indicated RT (related to) continued low B/P (blood pressure) and for decreased LOC (level of consciousness) ..." A record review of Resident #22's Discharge MDS with an ARD of 07/25/2022 revealed "Section A ... A0310. Type of Assessment ... F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated ... A 2100 Discharge Status" was coded as "03. Acute Hospital ...", which indicated Resident #22 was discharged to an acute care hospital. Resident #35 On 08/07/2022 at 12:05 PM, during an interview with Resident #35, she explained she did have a bad infection that infected everything and had to go to the hospital a couple of months ago. A record review of Resident #35's "Admission Record" revealed the facility admitted the resident initially on 09/25/2020 and re-entry 11/06/2020	F 623	* Business Office Manager will monitor transfer/discharges weekly x 4 weeks then monthly x 3 months, to ensure transfer/discharge letters are sent to resident and/or responsible party, upon transfer/discharge from the facility, beginning August 26, 2022. Finding will be brought to the Quality Assurance Performance Improvement Committee Meeting by Registered Nurse, monthly and then quarterly to determine the effectiveness and make any changes as indicated. ADHOC Quality Assurance Meeting was held on August 26, 2022 and scheduled for September 20, 2022.	

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F 623	Continued From page 5 with the diagnoses of Pneumonia, Unspecified Systolic (Congestive) Heart Failure, and Alzheimer's Disease. A record review of Resident #35's Quarterly MDS with an ARD of 07/04/22 Section C revealed a BIMS score of 14, which indicated the resident was cognitively intact. A record review for Resident #35's "Physician's Order Sheet" revealed "5/24/22 1350 Transfer to (Proper Name) for evaluation R/T N/V/D (nausea, vomiting, diarrhea) ..." A record review of Resident #35's Discharge Summary MDS with an ARD of 05/24/22 revealed "Section A ... A0310. Type of Assessment ... F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated ... A 2100 Discharge Status" was coded as "03. Acute Hospital ...", which indicated Resident #35 was discharged to an acute care hospital. On 08/08/2022 at 4:00 PM, during an interview with the Administrator, he confirmed that the facility does not provide written notification to the resident or resident representative when the resident is transferred to the hospital. On 08/08/2022 at 4:30 PM, during an interview with the Director of Nursing (DON), he confirmed that written notification of transfer was not provided to the resident or resident representative.	F 623		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans	F 656		9/20/22

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F 656	Continued From page 6 §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this	F 656		

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F 656	Continued From page 7 section. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure that care plan interventions were implemented to prevent complications by not aspirating to check peg tube placement prior to flushing for one (1) of two (2) sampled residents with feeding tubes. Resident # 15 Findings include: Record review of the facility's "Policies and Procedures" with the "Subject: Plans of Care", and revision date of 09/25/2017, revealed, "...Procedure...Develop and implement an individualized Person-Centered comprehensive plan of care...The Individualized Person Centered plan of care may include but is not limited to ...Services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required by state and federal regulatory requirements ..." Record review of the Comprehensive Care Plan reveals a focus that "Resident #15 is at risk for complications R/T (related to) peg tube placement," with a goal that "Resident #15 will have decrease in incidence of S/S (signs and symptoms) of peg tube complications thru nursing interventions" and included an intervention to "check peg tube placement via aspiration prior to meds feeding and flushes." On 8/8/22 at 12:03 PM, the State Agency (SA) observed Registered Nurse (RN) #1 flushing the peg tube of Resident #15. RN #1 removed the syringe plunger and connected the syringe to the	F 656	F-656 * On August 10, 2022, Resident # 15 was assessed by Director of Nursing, no adverse findings noted. On August 10, 2022, Resident # 15 was placed on monitoring for seventy-two hours to observe any change in condition, no adverse findings noted. * All residents have the potential to be effected. On August 11, 2022, Director of Nursing began an in-service training with all nursing staff, on following resident's plan of care. All residents with peg tubes, were monitored, by Unit Manager, beginning on August 11, 2022, to ensure care plan was followed by checking tube placement, via aspiration, prior to administering medications, feedings, or flushes. * Unit Manager will monitor five (5) residents weekly x 4 weeks then monthly x 3 months, to ensure resident plan of care is followed, to include checking proper placement of peg tube, beginning August 18, 2022. Findings will be brought to the Quality Assurance Performance Improvement Committee Meeting by Registered Nurse, monthly x 3 months and then quarterly x 3	

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F 656	Continued From page 8 tube. She did not aspirate for stomach contents to ensure proper placement prior to flushing the tube. On 8/8/22 at 12:10 PM, in an interview with RN #1, she stated that she should have checked for proper placement of the peg tube prior to flushing the tube. She stated that by not checking proper placement, she could have caused the water from the flush to go into the wrong area. On 8/10/22 at 12:23 PM, in an interview with the Director of Nursing (DON), he stated that RN #1 should have checked placement prior to flushing the enteral feeding tube. He stated that RN #1's actions could have caused the resident to have complications. On 8/10/22 at 12:40 PM, RN #2 stated that the care plan is used to guide care that the resident's receive. She stated that to give adequate care, staff should use the care plan. Record review of Resident #15's "Admission Record" revealed the resident was admitted to the facility on 11/6/20, with diagnoses including Dysphagia and Aphasia.	F 656	quarters to determine the effectiveness and make any necessary changes as indicated. ADHOC Quality Assurance Committee Meeting was held on August 26, 2022 and is scheduled for September 20, 2022.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record	F 658	F-658	9/20/22

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F 658	Continued From page 9 review, and facility policy review, the facility failed to ensure Percutaneous Endoscopic Gastrostomy (PEG) tube placement was checked prior to flushing the tube for one (1) of two (2) residents observed with feeding tubes. Resident #15. Findings Include: Record review of the facility's "Policies and Procedures" with the "Subject: Medication-Administration Via Enteral Tube", and a revision date 3/6/2019, revealed, " ...Procedure ...Checking for placement of enteral tube ...To confirm proper placement ...Aspirate by gently pulling back on plunger of syringe to check for stomach contents ..." On 8/8/22 at 12:03 PM, the State Agency (SA) observed Registered Nurse (RN) #1 flush Resident #15's PEG tube. RN #1 used a syringe with the plunger removed to flush the enteral tube by gravity. She did not use the syringe to aspirate for stomach contents to ensure proper tube placement prior to flushing the tube. On 8/8/22 at 12:10 PM, in an interview with RN #1, she stated she should have checked for proper placement of the PEG tube by aspirating before flushing it. She normally checks for placement when flushing the tube. RN #1 stated that by not checking placement it could have caused the water from the flush to go into the wrong area. On 8/10/22 at 12:23 PM, in an interview with the Director of Nursing (DON), he stated RN #1 should have checked placement before flushing the PEG tube. RN #1's actions could have caused the resident to have complications	F 658	* On August 10, 2022, Resident #15 was assessed by Director of Nursing, no adverse findings noted. On August 10, 2022, Resident # 15 was placed on monitoring for seventy-two hours to observe for any changes in condition, no adverse findings noted. *All residents have the potential to be affected. * On August 11, 2022, Registered Nurse #1 in-serviced on medication via enteral tube, by Director of Nursing. On August 11, 2022, Director of Nursing began in-service training with all nurses, on medication administration via enteral tube. All residents with peg tubes, were monitored, by Unit Manager, beginning on August 11, 2022, to ensure tube placement check, via aspiration, prior to administering medications, feedings, or flushes. * Unit Manager will monitor two (2) nurses weekly x 4 weeks then monthly x 3 months, to ensure, proper placement of peg tube is checked, via aspiration, feeding, or flushes, beginning August 18, 2022. Findings will be brought to the Quality Assurance Performance Improvement Committee Meeting by Registered Nurse, monthly x 3 months and and then	

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F 658	Continued From page 10 regarding feeding. Record review of Resident #15's "Admission Record" revealed the facility admitted her on 11/6/2020 with diagnoses including Dysphagia and Aphasia. Record review of Resident #15's "Order Summary Report" with "Active Orders As Of: 08/10/2022", revealed a Physician's Order with an order date of 7/1/22 for "Enteral Feed Order every shift check enteral tube placement via aspiration prior to medication administration, flushes, and feedings". Record review of the August 2022 electronic Medication Administration Record (eMAR) for Resident #15 revealed RN #1's initials on the first shift on 8/8/22 for "Enteral Feed Order every shift check enteral tube placement via aspiration prior to administration, flushes, and feedings". This indicated that RN #1 had documented that she had checked for proper placement of Resident #15's PEG tube by aspiration prior to administering medications, flushes, or feedings.	F 658	quarterly x 3 quarters to determine the effectiveness and make any necessary changes as indicated. ADHOC Quality Assurance Committee Meeting was held on August 26, 2022 and is scheduled for September 20, 2022.	