STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. BUILDING _____ B. WING _____	08/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NESHOBA COUNTY NURSING HOME	1001 HOLLAND AVENUE PHILADELPHIA, MS 39350

(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 08/22/22 to 08/25/22. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation at F623 related to no written notice was provided to the resident/representative on transfer/discharge to the hospital. The facility is licensed for 145 beds and had a census of 128 at the time of the survey.	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 discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.	F 623		9/30/22

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

Electronically Signed | 09/08/2022

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F 623	Continued From page 1	F 623		

(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 and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for

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F 623	Continued From page 2 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 and record review the facility failed to provide the resident/resident representative with a written notice of transfer/discharge to the hospital for four (4) of (4) residents reviewed. Resident's #66, #67, #78 and #84.	F 623	F623 1. How corrective actions(s)will be accomplished for those residents found to have been affected by the deficient practice: Resident #66 was provided the reason for	

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F 623	Continued From page 3 Findings Include Resident # 67 Record review of a typed statement on facility letterhead, signed by the Director of Nursing (DON) revealed, "On August 24th, 2022, our Facility did not have a Written Transfer/discharge notice policy and/or form for resident being transferred/discharged from our facility." An interview with the Director of Nursing (DON) on 08/23/22 at 2:55 PM revealed Resident #67 was taken to the hospital on 08/08/22. An interview with the DON on 8/24/22 at 10:25 AM, revealed the resident was transferred to the hospital. She confirmed the facility failed to provide a written notification of transfer to the resident's representative as required in the regulations. She revealed she was unaware of the requirement for a written notification of transfer. Record review of the Final Report Facility Transfer Orders and Notification dated 8/8/2022 by the Family Nurse Practitioner (FNP) revealed Resident #67 was transferred to the hospital. Record review revealed there was no written notice of transfer provided to the resident's representative. Record review of Resident #67's patient information sheet revealed the original admission date to the Skilled Care area of the facility was 07/08/22.	F 623	transfer/discharge in writing by the Social Services Director on 9/8/22 and understanding was voiced and documented. The resident's daughter was also notified by phone with explanation of reason for transfer and was mailed a copy of the notice. The State Long-Term Care Ombudsman was notified via monthly list. Resident #67's wife was provided the reason for transfer/discharge in writing by the Social Services Director on 9/8/22 and understanding was voiced and documented. The resident's representative (wife) was also given a copy of the notice. The State Long-Term Care Ombudsman was notified via monthly list. Resident # 78's daughter was provided the reason for transfer/discharge by phone by the Social Services Director on 9/8/22 and understanding was voiced and documented. The resident's representative (daughter) was also mailed a copy of the notice on 9/8/22. The State Long-Term Care Ombudsman was notified via monthly list. Resident # 84's sister was provided the reason for transfer/discharge in writing by the Social Services Director on 9/8/22 and understanding was voiced and documented. The resident's representative (sister) was also given a copy of the notice. The State Long-Term Care Ombudsman was notified via monthly list.	

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F 623	Continued From page 4 Resident #66 An interview on 08/22/22 at 08:08 PM, with Resident # 66 revealed she had been in the hospital not long ago and she thinks it was because she had pneumonia. An interview on 08/24/22 at 10:25 AM, with the DON revealed they were unaware of the regulation to send the resident representative a written notice of transfer/discharge and she confirmed that they have not been doing that. An interview on 08/24/22 at 1:34 PM, with Social Services # 1 confirmed she had not been sending a written notice of transfer/discharge to the responsible party. She revealed she was not aware that she needed to be sending them. She revealed she is not aware of a policy regarding this. An interview on 08/24/22 at 1:37 PM, with the DON confirmed the facility did not have a policy regarding sending a written notice to the resident representative or responsible party. On 08/25/22 at 12:15 PM, an interview with the Administrator confirmed the facility had not been sending written notice of transfer/discharge. He revealed he was confused and thought that the facilities "bed-hold" form covered the transfer/discharge notification. Record review of the patient information sheet revealed that Resident # 66 was admitted to the facility on 02/11/2019 and discharged to the hospital on 7/4/2022 due to pneumonia.	F 623	2. How the facility will identify other residents having the potential to be affected by the same deficient practice: The facility acknowledges that all residents who are transferred or discharged have potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure practice will not recur? On 9/8/22 a document entitled "Nursing Home Transfer and Discharge Notice" was approved by the Nursing Home Administrator. This document will be provided to all nursing home residents that are discharged or transferred. In-services, presented by the Director of Nursing, addressing the use of the document were given for the Social Services department, Nurse Managers, and Charge nurses on 9/8/22. Any employee on vacation or leave from those positions will be in-serviced on their return to work. On 9/8/22 a policy was approved by the Nursing Home Administrator entitled "Transfer and Discharge (including Against Medical Advice)". This policy will be followed for all nursing home discharges and transfers. In-services, presented by the Director of Nursing, addressing the use of this policy were given for Social Services, Nurse Managers, and Charge Nurses on 9/8/22.	

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F 623	Continued From page 5 Record review revealed there was no written notice of transfer/discharge sent to Resident # 66's resident representative. Record review of Resident # 66's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/13/22 revealed a Brief Interview for Mental Status (BIMS) of 13, which indicated the resident is cognitively intact. Resident # 78 Record review of the Electronic Medical Records (EMR) revealed that Resident #78 was admitted to the facility on 03/08/21. Record review of the Final Report Transfer Orders and Notification revealed that Resident #78 was discharged to the hospital on 07/16/22. Record review revealed that there was no written Transfer/Discharge notification sent to Resident # 78 or the resident representative. Resident # 84 Record review of the Final Report Transfer Orders and Notification revealed Resident #84 was discharged to the hospital on 05/29/22. Record review revealed there was no written notification of transfer/discharge sent to the resident or the resident representative for Resident # 84.	F 623	Any employee on vacation or leave from those positions will be in-serviced on their return to work. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program. The Social Services Director will monitor all transfers and discharges for 3 months beginning 9/9/22 for; provision of notice in writing with copy in Electronic Medical Record, and for understanding of reason for transfer. Monitor results will be presented to the Quality Assurance/Performance Improvement committee at the meeting scheduled for 9/30/22 and at subsequent Quality Assurance/Performance Improvement Meetings until the committee determines there is no further need for monitoring.	

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F 623	Continued From page 6 Record review of the patient information sheet revealed Resident #84 was admitted to the facility on 02/11/2019.	F 623		