STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255092	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL HEALTH AND REHABILITATIION CENTER	1530 BROAD AVE GULFPORT, MS 39501

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F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #19518) along with a COVID-19 Focused Emergency Preparedness Survey at the facility from 08/30/22 through 08/31/22. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. MS #19518 was not substantiated for failure to administer pain medication. The SA cited F 842 related to failure to maintain complete and accurate medical records related to medications. The facility had a license for 180 beds, with a census of 110.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F 842		10/11/22

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

Electronically Signed | 09/19/2022

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 842	Continued From page 1 (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services	F 842		

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F 842	Continued From page 2 provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to maintain a complete and accurate medical record for one (1) of three (3) sampled residents. Resident #1. Findings Include: Review of the facility's "Policies and Procedures" with the "Subject: Controlled Substances" and an effective date of 11/30/2014 revealed, " ...Procedure: ...2. When a controlled substance is administered to a resident, it must be recorded on the resident's Medication Sheet as well as a separate Controlled Substance/Schedule II Narcotic Sheet that is created for each prescription..." A record review of Resident #1's "Order Summary Report" with "Active Orders As Of: 8/30/22" revealed a Physician's Order, dated 8/3/22, for "Oxycodone HCL tablet 30 milligrams (MG) give 30 mg by mouth every six (6) hours as needed for chronic pain". A record review of the "Controlled Substances Proof of Use" (Narcotic Sheet created for each prescription) for Resident #1's Oxycodone 30 mg tablets, one (1) tablet was documented as "QTY (Quantity) Used" on "8/1/22 at 0000 (12:00 AM),	F 842	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 Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by the provisions of Federal and State Laws. * On August 30, 2022, Resident #1 pain assessment completed by Registered Nurse (RN). On August 31, 2022, Resident #1 was assessed by Director of Nursing, no adverse findings noted. On September 2, 2022, Resident #1 Electronic Medication Administration Record and Controlled Substance Proof of Use form were reviewed for the previous twenty-four (24) hours to ensure accuracy. There were no identified documentation omissions. * All residents have the potential to be affected. * All residents narcotic medication records were checked for documentation on the electronic medication administration record, September 1, 2022,	

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F 842	Continued From page 3 8/2/22 at 0000 (12:00 AM), 8/2/22 at 1209 (12:09 PM), 8/2/22 at 18:35 (6:35 PM), 8/3/22 at 0035 (12:35 AM), 8/3/22 at 0630 (6:30 AM), 8/3/22 at 1212 (12:12 PM), 8/3/22 at 600 (6:00 PM), 8/4/22 at 0000 (12:00 AM), 8/4/22 at 0600 (6:00 AM), 8/4/22 at 12 (12:00 PM), 8/4/22 at 6 (6:00 PM), 8/5/22 at 0000 (12:00 AM), 8/5/22 at 0600 (6:00 AM), 8/5/22 at 12:02 (12:02 PM), 8/5/22 at 1820 (6:20 PM), 8/6/22 at 0545 (5:45 AM), 8/6/22 at 1200 (12:00 PM), 8/6/22 at 1800 (6:00 PM), 8/6/22/at 2400 (12:00 AM), 8/7/22 at 0602 (6:02 AM), 8/7/22 at 1200 (12:00 PM), 8/7/22 at 1800 (6:00 PM), 8/8/22 at 0000 (12:00 AM), 8/8/22 at 0600 (6:00 AM), 8/8/22 at 1200 (12:00 PM), 8/8/22 at 600 (6:00 PM), 8/9/22 at 1130 (11:30 AM), 8/9/22 at 600 (6:00 PM), 8/10/22 at 0600 (6:00 AM), 8/10/22 at 1200 (12:00 PM), 8/10/22 at 1800 (6:00 PM), 8/11/22 at 12A (12:00 AM), 8/11/22 at 6A (6:00 AM), 8/11/11 at 1200 (12:00 PM), 8/11/22 at 6PM (6:00 PM), 8/12/22 at 12A (12:00 AM), 8/12/22 at 6A (6:00 AM), 8/12/22 at 6 (6:00 PM), 8/13/22 at 0600 (6:00 AM), 8/13/22 at 12 (12:00 PM), 8/13/22 at 6 (6:00 PM), 8/14/22 at 0000 (12:00 AM), 8/14/22 at 0600 (6:00 AM), 8/14/22 at 12 (12:00 PM), 8/14/22 at 6 (6:00 PM), 8/15/22 at 1200 (12:00 PM), 8/15/22 at 1800 (6:00 PM), 8/16/22 at 1200 (12:00 PM), 8/16/22 at 1800 (6:00 PM), 8/17/22 at 12A (12:00 AM), 8/17/22 at 6A (6:00 AM), 8/17/22 at 6 (6:00 PM), 8/18/22 at 0000 (12:00 AM), 8/18/22 at 0600 (6:00 AM), 8/18/22 at 12 (12:00 PM), 8/18/22 at 6 (6:00 PM), 8/19/22 at 0000 (12:00 AM), 8/19/22 at 1200 (12:00 PM), 8/19/22 at 1800 (6:00 PM), 8/20/22 at 12A (12:00 AM), 8/20/22 at 6A (6:00 AM), 8/20/22 at 1200 (12:00 PM), 8/20/22 at 1800 (6:00 PM), 8/21/22 at 12A (12:00 AM), 8/21/22 at 6A (6:00 AM), 8/21/22 at 12PM (12:00 PM), 8/23/22 at 0000 (12:00 AM), 8/23/22 at 1200 (12:00 PM), 8/23/22 at 630 (6:30 PM), 8/24/22 at	F 842	by Licensed Practical Nurse (LPN). On September 1, 2022 seventy-nine (79) narcotic doses administered were documented on the Controlled Substance Proof of Use form. Sixty-five (65) of the seventy-nine (79) narcotic doses administered were documented on the electronic medication administration record. Nursing staff was in-serviced on facility policy "Controlled Substances" by Registered Nurse (RN) to include required documentation, on the electronic medication administration record, as well as on the controlled substance proof of use from beginning September 1, 2022 and ending September 5, 2022. * Medical Records Licensed Practical Nurse (LPN) will monitor fifty percent (50%) of electronic medication administration recorded and narcotic documentation on the Controlled Substance Proof of Use form, daily Monday through Friday for one (1) week. Then weekly times three weeks, then monthly times three months. Monitoring began September 1, 2022. After four (4) weeks (9/28/22), findings from monitoring of electronic medication administration record and narcotic documentation on the Controlled Substance Proof of Use form will be brought to the Quality Assurance Peformance Improvement Committee Meeting by Director of Nursing on October 6, 2022 to discuss findings and make necessary changes as indicated, then quarterly times three (3) quarters. Quality	

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F 842	Continued From page 4 1200 (12:00 PM), 8/24/22 at 1800 (6:00 PM), 8/25/22 at 600 (6:00 PM), 8/26/22 at 06:06 (6:06 AM), 8/26/22 at 12 (12:00 PM), 8/26/22 at 6 (6:00 PM), 8/27/22 at 0600 (6:00 AM), 8/27/22 at 600 (6:00 PM), 8/28/22 at 0000 (12:00 AM), 8/28/22 at 0600 (6:00 AM), 8/28/22 at 1200 (12:00 PM), 8/28/22 at 6 (6:00 PM), 8/29/22 at 0600 (6:00 AM), 8/29/22 at 1200 (12:00 PM), and 8/29/22 at 0600 (6:00 PM)". A record review of the "Individual Resident Narcotic Record" (Narcotic Sheet created for prescriptions received from back-up pharmacy) for Resident #1's Oxycodone 15 mg "Amount Given" as "2" on "8/22/22 at 1230 (12:30 PM), 8/23/22 at 610 (6:10 PM), and 8/23/22 at 0000 (12:00 AM)." A record review of the eMAR for Resident #1 for August 2022 revealed there was no documentation of Oxycodone 30 mg tablets being administered on 8/1/22 at 0000 (12:00 AM), 8/2/22 at 0000 (12:00 AM), 8/2/22 at 1209 (12:09 PM), 8/2/22 at 18:35 (6:35 PM), 8/3/22 at 0035 (12:35 AM), 8/3/22 at 0630 (6:30 AM), 8/3/22 at 1212 (12:12 PM), 8/3/22 at 600 (6:00 PM), 8/4/22 at 0000 (12:00 AM), 8/4/22 at 0600 (6:00 AM), 8/4/22 at 12 (12:00 PM), 8/4/22 at 6 (6:00 PM), 8/5/22 at 0000 (12:00 AM), 8/5/22 at 0600 (6:00 AM), 8/5/22 at 12:02 (12:02 PM), 8/5/22 at 1820 (6:20 PM), 8/6/22 at 0545 (5:45 AM), 8/6/22 at 1200 (12:00 PM), 8/6/22 at 1800 (6:00 PM), 8/6/22/at 2400 (12:00 AM), 8/7/22 at 0602 (6:02 AM), 8/7/22 at 1200 (12:00 PM), 8/7/22 at 1800 (6:00 PM), 8/8/22 at 0000 (12:00 AM), 8/8/22 at 0600 (6:00 AM), 8/8/22 at 1200 (12:00 PM), 8/8/22 at 600 (6:00 PM), 8/9/22 at 1130 (11:30 AM), 8/9/22 at 600 (6:00 PM), 8/10/22 at 0600 (6:00 AM), 8/10/22 at 1200 (12:00 PM), 8/10/22	F 842	Assurance Performance Improvement Committee Meeting was held August 31, 2022.	

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F 842	Continued From page 5	F 842		

at 1800 (6:00 PM), 8/11/22 at 12A (12:00 AM), 8/11/22 at 6A (6:00 AM), 8/11/11 at 1200 (12:00 PM), 8/11/22 at 6PM (6:00 PM), 8/12/22 at 12A (12:00 AM), 8/12/22 at 6A (6:00 AM), 8/12/22 at 6 (6:00 PM), 8/13/22 at 0600 (6:00 AM), 8/13/22 at 12 (12:00 PM), 8/13/22 at 6 (6:00 PM), 8/14/22 at 0000 (12:00 AM), 8/14/22 at 0600 (6:00 AM), 8/14/22 at 12 (12:00 PM), 8/14/22 at 6 (6:00 PM), 8/15/22 at 1200 (12:00 PM), 8/15/22 at 1800 (6:00 PM), 8/16/22 at 1200 (12:00 PM), 8/16/22 at 1800 (6:00 PM), 8/17/22 at 12A (12:00 AM), 8/17/22 at 6A (6:00 AM), 8/17/22 at 6 (6:00 PM), 8/18/22 at 0000 (12:00 AM), 8/18/22 at 0600 (6:00 AM), 8/18/22 at 12 (12:00 PM), 8/18/22 at 6 (6:00 PM), 8/19/22 at 0000 (12:00 AM), 8/19/22 at 1200 (12:00 PM), 8/19/22 at 1800 (6:00 PM), 8/20/22 at12A (12:00 AM), 8/20/22 at 6A (6:00 AM), 8/20/22 at 1200 (12:00 PM), 8/20/22 at 1800 (6:00 PM), 8/21/22 at 12A (12:00 AM), 8/21/22 at 6A (6:00 AM), 8/21/22 at 12PM (12:00 PM), 8/23/22 at 0000 (12:00 AM), 8/23/22 at 1200 (12:00 PM), 8/23/22 at 630 (6:30 PM), 8/24/22 at 1200 (12:00 PM), 8/24/22 at 1800 (6:00 PM), 8/25/22 at 600 (6:00 PM), 8/26/22 at 06:06 (6:06 AM), 8/26/22 at 12 (12:00 PM), 8/26/22 at 6 (6:00 PM), 8/27/22 at 0600 (6:00 AM), 8/27/22 at 600 (6:00 PM), 8/28/22 at 0000 (12:00 AM), 8/28/22 at 0600 (6:00 AM), 8/28/22 at 1200 (12:00 PM), 8/28/22 at 6 (6:00 PM), 8/29/22 at 0600 (6:00 AM), 8/29/22 at 1200 (12:00 PM), and 8/29/22 at 0600 (6:00 PM). There was no documentation of Oxycodone 15 mg tablets being administered on 8/22/22 at 1230 (12:30 PM), 8/23/22 at 610 (6:10 PM), and 8/23/22 at 0000 (12:00 AM). This was a total of 88 entries documented as removed by a nurse on the Narcotic Sheet, for Resident #1, in which there was no corroborating documentation on the electronic Medication Administration Record (eMAR) that the medication was

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F 842	Continued From page 6	F 842		

administered to the resident.

On 08/30/22 at 9:00 AM, during an interview with the Director of Nurses (DON), she confirmed that Resident #1 had a Physician Order for Oxycodone 30 mg and the staff had removed and signed out the medication on the Narcotic Sheet, but the staff did not record on the eMAR that the medication was actually administered to the resident. The DON stated the staff should record on medication administration on the eMAR for good clinical communication and an accurate reflection of the care provided to the resident. The DON confirmed that the facility nurses should document on both the Narcotic Sheet and eMAR because the eMAR is the legal document. The eMAR reflects the pain level for the resident and the effectiveness of the pain medication.

On 08/31/22 at 11:00 PM, in an interview with the facility's Pharmacist, he confirmed that the Narcotic Sheet and the eMAR should match in relation to the date and time administered.

On 08/31/22 at 1:00 PM, in an interview with the facility's Physician, he confirmed that pain medication administration should be documented on the eMAR. He reviews the eMAR to obtain an accurate assessment of pain medication effectiveness for residents. He stated that it is the facility's policy for nursing staff to document on the eMAR and "It is a legal record."

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 07/17/14 with diagnoses of Spondylopathy and Chronic Pain Syndrome.

A record review of Resident #1's Quarterly

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F 842	Continued From page 7 Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/21/22, revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she is cognitively intact.	F 842		