STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255322	A. BUILDING _____ B. WING _____	C 07/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNBAR VILLAGE TERRACE	725 DUNBAR AVE BAY SAINT LOUIS, MS 39520

(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 along with a complaint survey, CI MS #15942 from 7/23/19 to 7/25/19. Complaint CI MS #15942 was related to Admission, Transfer, and Discharge Rights. During the survey, the SA did not substantiate the complaint, and no deficiencies were cited related to the complaint. The SA also determined the facility was not in substantial compliance with the requirements of participation for Medicare and Medicaid. The SA cited the deficiencies F637, F656, F657, F690, and F812. The census was 62 at the time of the survey entrance, and the facility held a license for 70 beds.	F 000		
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to complete Resident #45's comprehensive Significant	F 637	1. Resident #45 has no negative effects due to not completing the comprehensive Significant Change in Status (SCSA)	9/4/19

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

Electronically Signed | 08/16/2019

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 637	Continued From page 1 Change in Status (SCSA) Minimum Data Set (MDS) assessment within 14 days of determining the resident's status change was significant, for one (1) of 19 residents reviewed. Findings include: A review of the facility's policy titled, "Completion of MDS Assessments", undated, revealed it was the policy to complete the MDS assessments for all elders within the village by use of the Resident Assessment Instrument (RAI) Manual 2.0 to accurately reflect the elder's status and to complete within the mandated timeframe per Centers for Medicare and Medicaid Services (CMS) regulations. A review of the most recent comprehensive Significant Change (SC) MDS assessment, with an Assessment Reference Date (ARD) of 6/21/19, revealed the MDS was coded to include hospice services. A review of the July 2019 Physician's Orders, revealed an order, dated 6/8/19, for (Name of Hospice Service) for the diagnosis Cerebral Atherosis/Dementia. A review of the Comprehensive Care Plan revealed the Problem/Need for the diagnosis of Athrosclerosis and the resident and family decided not to pursue aggressive treatment and has chosen (Name of Hospice Services) for the resident's comfort and care. Interventions included hospice care will be provided as ordered by the physician. A review of the medical record revealed the facility did not complete the comprehensive SC	F 637	Minimum Data Set (MDS) Assessment within 14 days of determining the resident's status change of admitting to hospice. 2. Any resident can be affected by failing to complete the comprehensive SCSA MDS assessment within 14 days of determining the resident's status change of admitting to hospice. 3. Registered Nurse (RN) #1/MDS Coordinator and Licensed Practical Nurse (LPN) #1/MDS and Care Plan Coordinator were inserviced on 7/25/19 by the Director of Nurses (DON) on the Resident Assessment Instrument (RAI) 3.0 Manual "Significant Change in Status Assessment (SCSA)". All medical records of residents currently receiving hospice services were audited by the RN #1/MDS Coordinator on 7/26/19 to ensure that the comprehensive SCSA MDS assessments were completed within 14 days of hospice admission and none were found to be deficient. The Interdisciplinary Team (IDT), consisting of the Nurse Practitioner, DON, Administrator, Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Therapists, and Social Service Director, was inserviced beginning 7/30/19 with completion on 8/6/19 by the DON on the RAI SCSA and re-educated to continue to use the Village Communicator form at each daily stand-up in review of all residents to ensure timely completion of the comprehensive SCSA MDS assessment within 14 days of determining the status was significant. 4. All residents admitted to hospice will	

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F 637	Continued From page 2 MDS assessment within 14 days of determining the status change was significant. Review of Resident #45's SC MDS, with an ARD of 6/21/19, revealed the completion date was 7/5/19 as evidenced by the staff signature dates for the Registered Nurse (RN) Assessment Coordinator for completion of the assessment, the RN Coordinator for the CAA (Care Assessment Areas) Process, and the Signature of the Person Completing the Care Plan was all dated 7/5/19. The resident was admitted to hospice services on 6/8/19, and the comprehensive SC MDS had an ARD of 6/21/19. On 7/25/19 at 12:13 PM, an interview with the Director of Nurses (DON) revealed the resident was transferred to the hospital in March and May of 2019 for Sepsis. She stated the resident was placed on hospice services after the last hospital stay. Review of the Transfer and Discharge sheet dated, 3/25/19, and an Effective Date of 3/23/19, revealed Resident #45 was transferred to the hospital for higher level of care. Review of the hospital Discharge Summary revealed Resident #45 was admitted to the hospital, on 3/23/19, due to a decrease in her abilities and mental status over the past two days. The principal problem was Severe Sepsis, Alzheimer's Dementia without behavioral disturbance and Weakness. Resident #45 was discharged back to the nursing home on 3/26/19, in fair condition, and continuation of antibiotics by mouth. Review of the Transfer and Discharge sheet dated 5/20/19, and an Effective Date of 5/17/19, revealed Resident #45 was transferred to the hospital for a higher level of care. Review of the	F 637	be reviewed monthly for three months by the Director of Nurses to ensure that the comprehensive SCSA MDS assessments were completed within 14 days of hospice admission. Findings will be reviewed and reported to the Quality Assurance and Assessment (QAA) Team, which consists of the DON, Medical Director, Nursing Home Administrator and at least two other staff members that meets at least on a quarterly basis, on 9/4/19 by the DON and in one quarter to determine if further action is needed.	

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F 637	Continued From page 3 hospital Discharge Summary revealed Resident #45 was admitted to the hospital, on 5/17/19, due to altered mental status. The principal problem was Sepsis, Acute Cystitis without hematuria, and Hypokalemia. Resident #45 was discharged back to the nursing home on 5/22/19 in good condition, and to continue antibiotics by mouth. On 7/25/19 at 2:15 PM, an interview with Registered Nurse (RN) #1/MDS Coordinator, revealed the most recent comprehensive SC MDS assessment with an ARD of 6/21/19, was not completed within 14 days of determining the status change was significant. On 7/25/19 at 2:44 PM, an interview with the DON revealed she would expect the staff to complete the MDS in a timely manner, to include transmission. A review of the facility's Face Sheet revealed the facility admitted Resident #45 on 11/6/15, with a diagnosis of Dementia.	F 637		