STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255179	A. BUILDING _____ B. WING _____	11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSING CENTER, INC	1300 MELODY LANE LEAKESVILLE, MS 39451

(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 Investigation (CI), MS #19650, at the facility from 11/7/22 through 11/09/22. The SA did not substantiate MS #19650 for Abuse and there were no deficiencies cited related to the complaint. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F657. The facility was licensed for 60 beds, with a census of 45.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in	F 657		

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

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F 657	Continued From page 1	F 657		

disciplines as determined by the resident's needs or as requested by the resident.
(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.
This REQUIREMENT is not met as evidenced by:
Based on staff interview, record review, and facility policy review, the facility failed to revise the Comprehensive Care Plan for one (1) of 14 sampled residents. Resident #43

Findings Include:

A review of the facility's policy, "Care Plans-Comprehensive", revised May 2014, revealed, "...Policy Interpretation and Implementation 1. Our facility's Care Planning/Interdisciplinary Team..maintains a comprehensive care plan for each resident...8. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change..."

A record review of the "Face Sheet" revealed the facility admitted Resident #43 on 1/18/22 with diagnoses including Generalized Anxiety Disorder and Type 2 Diabetes Mellitus.

A record review of the Quarterly Minimum Data Assessment (MDS) with an Assessment Reference Date (ARD) of 10/11/2022 revealed Resident #43 had an active diagnosis of Diabetes Mellitus.

A record review of the "Physician's Telephone Orders", dated 10/25/22, for Resident #43, revealed, "...Jardiance 10 mg (milligrams) 1

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F 657	Continued From page 2 tab(tablet) po (by mouth) q (every) day..." A record review of the Comprehensive Care Plan for Resident #43 with the "Category" of "High risk for hyperglycemia/hypoglycemia" revealed it was not revised to include the Physician's Order for Jardiance 10 mg. On 11/08/22 at 11:19 AM, in an interview with Registered Nurse (RN) #1/Care Plan Coordinator, she stated that she is responsible for completing care plans. She confirmed that Resident #43's care plan was not revised to reflect the Physician's Order for Jardiance. On 11/08/22 at 11:05 AM, in an interview with the Director of Nursing (DON), she stated that RN #1 is responsible for completing the comprehensive care plans and any new Physician's Orders that are written for residents should be entered into the resident's care plan.	F 657		