STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255282	A. BUILDING _____ B. WING _____	10/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD CLINTON, MS 39056

(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 Survey at the facility on 10/03/22 through 10/6/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F565, F568, F576, F623, F625, F656, and F 658. The facility held a license for 121 beds and had a census of 103 at the time of the survey.	F 000		
F 565 SS=D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.	F 565		11/8/22

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

Electronically Signed | 10/25/2022

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F 565	Continued From page 1 §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to resolve repeated dietary concerns reported during three (3) of the six (6) Resident Council meeting minutes reviewed. Findings include: Review of the facility's policy, "Resident and Family Grievances/Complaints" (undated) revealed, "It is the policy of this facility to support each resident's and family member's right to voice grievances, without discrimination, reprisal or fear of discrimination or reprisal ... "Prompt efforts to resolve", include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance ... 1. Social Director has been designated as the Grievance Official and can be reached at Social Services office. 2. The Social Worker is responsible for overseeing the grievance process: receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances: issuing written grievance decisions to the resident; and coordinating with state and federal agencies as	F 565	F565 1. On 10/04/22, Facility Dietary Manager (DM), reviewed Resident Council Concerns from September 21 Resident council meeting with Residents, at that time residents stated their concerns were resolved, as indicated by their signature on the resolution. On 10/24/22, sample plates were evaluated by the Dietary Manager for appropriate size and design to fit present system, and weight to fit plate warmer. On 10/26/22 plates were ordered by Dietary Manager for plate warming system. Tenatative delivery date by 10/31/22. 2. All resident council participants have the potential to be affected. On 10/10/22, the facility Administrator requested permission from the Council to attend and participate in the council meeting on 10/20/22, the residents granted the Administrator, Director of Nursing (DON) and Social Service Director (SSD), request to attend. 3. On 10/20/22, During the Resident	

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F 565	Continued From page 2 necessary in light of specific allegations ... 8. Grievances may be voiced in the following forums: a. Verbal complaint to a staff member or Social Worker. b. Written complaint to a staff member or Social Worker. c. Written complaint to an outside party. d. Verbal complaint during resident or family council meetings ... 10 ...d. The Social Worker will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. i. Steps to resolve the grievance my involve forwarding the grievance to the appropriate department manager for follow up. ii. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. "Prompt efforts" include acknowledgement of complaint/grievances and actively working toward a resolution of that complaint/grievance ... 12. The facility will make prompt efforts to resolve efforts to resolve grievances." Reviews of the facility's policy, titled "Resident Rights," dated 1/24/22 revealed, "The center through its Administrator, is responsible for establishing written policies that will safeguard the rights and responsibilities of medical assistance residents. The staff of the center is trained and involved in the implementation of these policies and procedures. The Administrator is responsible of adherence of the policies and procedures and for making them known to residents, families, and sponsor. Resident rights, policies, and procedures shall insure that each resident admitted to the center ... 5 ....may voice grievance and recommend changes in policies and service to center staff and/or outside representatives of his choice, free from restraint,	F 565	council Meeting, the Residents were re-educated on the grievance process, how to report concerns, and to report any unresolved concerns to the Administrator or Social Service Director. The Administrator conducted the Resident Council meeting as an Education to Activities Director (AD) on how to document, report, handle and follow-up to ensure grievance are reported, handled and are resolved to the residents satisfaction. The Activity Director or Activity Assistant will complete grievance/concern form with Resident Council identified as the person filing the grievance, for concerns Identified during resident council, or if only one individual with the concern Activity Director or Activity Assistant may complete grievance as an individual concern on the form and give them to the Social Service Director within 24 hours. The Social Service Director will meet with the appropriate department to determine a resolution. Social Service Director or Activity Director will discuss in resident council any unresolved grievances from previous meeting, and will report them to the Administrator and Department manager within 24 hours. The resolution will be discussed with resident and resident will sign when resolution is satisfactified as met. On 10/10/22 through 10/20/22 facility staff in-service conducted by Staff Development Nurse and Infection Control Nurse on Residents Rights and Reporting, documenting and handling resident grievances.	

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F 565	Continued From page 3 interference, coercion, discrimination, or reprisal ...". During a Resident Council meeting on 10/4/22 at 10:00 AM, the Resident Council members told the State Agency (SA) that they have complained for several months about the food being salty, cold, and bland, but nothing has been done to make things better. The Council reported that in September, the Dietary Manager was asked to attend their meeting to discuss the food issues. The members revealed that they were told their complaints would be given to the Dietary, Director of Nursing (DON), Administrator, and Social Worker. Resident #76 commented that the Dietary Manager told him one day in the hallway that she wanted to lose weight and look like him. Resident #76 said he told her that if you want to lose weight, maybe you should eat the food in this facility. "It will make you lose weight, because its cold and taste awful." The residents in Resident Council said some of their families bring them food and other stated that they eat snacks. The Council members reported that, as of this date, nothing has been done to address their complaints. Review of Resident Council minutes dated 7/21/22, 8/18/22, 9/21/2022 revealed Resident #97 complains about food being cold and salty. In an interview on 10/4/22 at 1:00 PM, with the Activity Director, she confirmed the residents have complained about the food being salty and cold. The Activity Director explained that she gave a copy of the Resident Council minutes to the Administrator, DON, Dietary, Maintenance and the Social Worker. The Activity Director said it is up to the Department Heads to resolve the	F 565	4. Social Service Director and/or Administrator will monitor through resident interviews, at least three (3) interviews weekly x three (3) weeks, then monthly through resident council, beginning 10/20/22. Social Service Director or administrator will report findings to Quality Assurance Performance Improvement (QAPI) committee on 11/8/22 and Monthly x (3) three months, for review, revisions, or resolution to the plan.	

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F 565	Continued From page 4	F 565		

grievances.

During an interview on 10/4/22 at 2:00 PM, with the Dietary Manager, it was confirmed the residents have complained of cold food for six months. The Dietary Manager said the previous Administrator ordered an electric plug for the plate warmer to keep the food warm, but the plates don't fit the food warmer. The Dietary Manager said she had been waiting on approval from corporate for the purchase of new plates but had failed to follow up with the new Administrator regarding the status of the approval.

In an interview with the Administrator on 10/06/22 at 03:04 PM, she said she called the previous Administrator after the Dietary Manager told her the residents complained the food was cold. The Administrator said the previous Administrator said a Performance Improvement Project (PIP) was done before he left regarding cold food but stated she could not find the PIP. The previous Administrator told her that he ordered the plate warmer and had an electrician to come in. The kitchen was rewired to adjust to the plate warmer. The previous Administrator told her the plates that the facility has is too small and the tops don't stay down on the plates and new plates should have been ordered. The Administrator confirmed that the new plates were not ordered because everything got lost during the change in administration. The Administrator confirmed that she was going to get the plates to keep the resident food warm.

During an interview with the previous Administrator on 10/6/22 at 3:30 PM, he confirmed the residents complained the food was cold six months ago when he was at that facility

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F 565	Continued From page 5 and a PIP had been done. He also confirmed that the electrical work had been done to accommodate the plate warmer, but the plates used at that time were too small. The Previous Administrator confirmed he did not order the plates prior to leaving the facility, "so the plate order fell through the cracks."	F 565		
F 568 SS=D	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to provide a financial record or quarterly statements to the resident or his/her representative, as voiced in Resident Council for four (4) of 12 residents interviewed. Residents #16, #19, #32, and #45. Findings Include: Review of the facility's policy, "Quarterly Accounting of Resident Funds" (undated) reveals, "Our facility provides each resident who has funds managed by the facility on his/her behalf	F 568	F568 1. On 10/11/22, Business office Manager provided Resident #16, Resident #19, Resident #32 and Resident #45 with printed copies of their quarterly statement ending September 30, 2022. Resident acknowledge reciept as indicated by their signature on the copy, which is maintained by the Business office Manager. Resident Representative for Resident #16 and #32 were called on 10/12/22,	11/8/22

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F 568	Continued From page 6 with a quarterly accounting of such funds ... 1. An individual quarterly accounting of funds managed by the facility will be provided to each resident with personal funds entrusted to the facility. Residents may also receive an accounting of such funds upon making such request known to the Business Office. 2. Separate quarterly statements will be prepared by the Business Office and each record will include: a. The resident's balance the beginning of the statement periods; b. The total of deposits and withdrawals by the resident for the quarter; c. Any interest earned; and d. The ending balance for the quarter. 3. Statements of residents who are eligible for SSI or medical assistance will also reflect the difference between the ending balance and the applicable benefits eligibility level ...". On 10/04/22 at 10:00 AM, four (4) Resident council members revealed that they do not receive quarterly financial statements. Resident #16 During an interview on 10/4/22 at 10:15 AM with Resident #16, she stated she has not received a statement in a "long time." Resident #16 said she doesn't know how much money she has available. Review of the Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 9/26/22, revealed Resident #16 has a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #16 is cognitively intact. In an interview on 10/4/22 at 12:30 PM, with Resident #16's Resident Representative (RR), she revealed she has not received the resident's	F 568	10/18/22 and 10/24/22 by the Business Office Manager to verify receipt of Residents quarterly statement of funds, with no answer or return response. 2. All residents with a trust account has the potential to be affected. On 10/11/22, the Business office Manager provided 100% of resident trust account holders with statements. The statements were either hand delivered to the alert residents with a second witness or the quarterly statement ending September 30, 2022, was mailed to the Resident Representative. On 10/11/2022, the receptionist placed the statements in the facility outgoing mailbox for delivery. 3. On 10/07/2022, the administrator inserviced the Business office manager on maintaining evidence of compliance for providing each resident and resident representative with a quarterly statement of accounting of resident funds. On a quarterly basis, the facility Business Office Manager will prepare the resident trust Quarterly statements and provide alert and oriented residents with a physical copy of the statement, the resident will acknowledge receipt by signature, this transaction will also have a second witness. The Business office manager will prepare quarterly statement for the resident representative, and the receptionist will physically place in outgoing mail. 4. The Administrator or receptionist will monitor on a quarterly basis by calling at	

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F 568	Continued From page 7 quarterly statements. The RR said she needs to know the resident's balance, as the resident needs burial insurance. Resident #19 During an interview on 10/04/22 at 10:30 AM, with Resident #19, he revealed that he has not received a quarterly statement of his funds. Resident #19 said he has been at the facility for over a year and doesn't know his balance. Record review of the MDS with the ARD of 9/27/22, revealed Resident #19 has a BIMS score of 15, which indicates Resident #19 is cognitively intact. Resident #32 During an interview on 10/4/22 at 11:15 AM, with Resident #32, she said she has not received a quarterly statement of her funds. Record review of Resident #32's Quarterly MDS with an ARD of 7/20/22, reveals Resident #32 has a BIMS score of 15, indicting the resident is cognitively intact. An interview on 10/4/22 at 11:30 AM, with Resident #32's RR, revealed she has not been consistently receiving Resident #32's quarterly statements. She stated statements were received January through March but had to call the Business Office Manager (BOM) in July to request a statement. The RR stated at this time, she doesn't know how much money is in the resident's account. Resident #45 During an interview on 10/4/22 at 11:40 AM, with Resident #45, she stated she has not received a	F 568	least four (4) resident representatives or interview of resident, for acknowledgement of receipt beginning 10/12/22. On 10/12/22 two (2) resident representative and on 10/24/22 (1) one resident representative responded with verification of receipt of residents quarterly statement of funds. Administrator will report findings to the Quality Assurance Performance Improvement committee on 11/8/22,and on a quarterly basis x2, for review, revisions or resolution to plan.	

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F 568	Continued From page 8 quarterly statement of her funds. Record review of the Quarterly MDS with an ARD of 08/12/2022, revealed Resident #45 has BIMS score of 15, which indicates Resident #45 is cognitively intact. During an interview on 10/4/22 at 2:00 PM, with the BOM, she stated she gives the cognitive residents a copy of their quarterly statements and mails the statements to the families of the residents that are not cognitively intact. The Administrator confirmed during an interview on 10/4/22 at 2:30 PM, the BOM is unable to provide documentation that the statements were mailed or that the residents received a quarterly statement.	F 568		
F 576 SS=C	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail.	F 576		11/8/22

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F 576	Continued From page 9 §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on interviews and facility policy review, the facility failed to provide mail delivery on Saturday to residents. This deficient practice has the potential to effect 103 of 103 residents residing at the facility. Findings include: Review of the facility's, "Mail Delivery Policy" dated February 2009 revealed "It is the policy of this facility to deliver the Resident's mail timely. The mail will be delivered to the Resident Monday thru Friday by the Activity Director. If the Resident receives mail on Saturday, it will be delivered to the Resident's by the week-end-RN Unit Manager."	F 576	F576 1. On 10/20/22, Facility Administrator informed resident council, the mail will be delivered on saturdays by the Restorative Aide or weekend RN Supervisor, for those who receive mail. Activities will deliver Monday through Friday. 2. All residents who receive mail have the potential to be affected. 3. Beginning On 10/22/22, The Restorative Aides and weekend RN Supervisor in-serviced on checking and delivering mail on Saturdays, by the	

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F 576	Continued From page 10 During an interview on 10/04/22 at 10:00 AM, with Resident Council members revealed the residents complained they don't receive their mail on Saturdays or Sundays. The residents said the Activity Director is off on weekends. During an interview on 10/06/22 at 12:15 PM, with the Activity Director, she confirmed the mail that is received on Saturday is not delivered to the residents until Monday morning when she returns to work. She said there is no weekend staff to deliver the mail. In an interview on 10/06/22 at 03:04 PM, the Administrator confirmed the Residents are not getting their mail on Saturdays. The Administrator said until today, she thought the Manager on duty was delivering the mail on weekends. The Administrator stated that she learned today the mail was being held until Monday when the Activity Director returned to work. The Administrator stated the Manager on duty will begin delivering mail received on Saturdays to the residents.	F 576	Director of Nursing. 4. The Activity Director or Business Office Manager will monitor mailbox on every Monday or next mail delivery day to ensure mail delivery occurred on Saturday beginning 10/24/22, and report any negative findings to the Director of Nursing. The Activities Director or Business Office Manager will report findings to the Quality Assurance Performance Improvement committee on 11/8/22 and on a monthly basis x (3) three month for review, revision or resolution of the plan.	
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.	F 623		11/8/22

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(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.
(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,

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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 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

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F 623	Continued From page 13 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 interviews, record review, and facility policy review the facility failed to provide written notification to the Resident and the Resident's Representative (RR) of an emergency transfer to the hospital for three (3) of three (3) residents reviewed for hospitalizations. (Resident #31, Resident #68, and Resident #88) Findings Include: A record review of the facility's policy "Transfers and Documentation" with a revised date of 11/2017, revealed ... "E. Documentation ... The documentation for all discharges and transfers must include, as a minimum, and as they apply: 1. The reason (s) for the discharge or transfer. 2. That an appropriate notice was provided to the resident and/or resident representative." Resident #31 A record review of the "Admission Record" revealed the facility admitted Resident #31 on 07/15/2022 with diagnoses including Surgical Aftercare following surgery on the nervous system, Spinal Stenosis, and Respiratory Failure. A record review of a Physician's Order for Resident #31, dated 09/07/2022 at 9:26 PM, revealed, "May send out to (Proper Name of Local Hospital) for evaluation of SOB (Shortness of Breath), desaturation, and fluid overload ..."	F 623	F 623 1. Resident #31 Responsible Party was verbally notified of transfer on 09/07/22 and 9/12/22. On 10/10/22, Resident discharged home. Resident #68 Responsible Party was verbally notified of transfer on 8/13/22 . On 10/2/22, resident discharged to hospital. Resident #88 Responsible Party was verbally notified on 07/27/22, 8/4/22 and 9/4/22, resident returned to the facility 9/8/22 and on 10/19/22, Discharged/Expired. 2. All residents who are emergency transferred/discharged have the potential to be affected. 3. On 10/10/22, facility Administrator in-serviced Social Service Director on written notification to the Resident and the Residents Representative of an emergency transfer to the hospital. Nursing staff will continue to notify Resident Representative via phone. The Social Service Director will mail a written notification of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand to the Resident/Resident	

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F 623	Continued From page 14 A record review of Resident #31's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/07/2022, revealed, "Section A ...A0310. Type of Assessment ...F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated" and "A 2100 Discharge Status" was coded as "03. Acute Hospital ..." A record review of a Physician's Order for Resident #31, dated 09/12/22 at 09:49 AM, revealed, "May send to (Proper Name of Local Hospital) for further veal (evaluation) due to CHF (Congestive Heart Failure) Exacerbation, SOB, fluid overload ..." A record review of Resident #31's Discharge MDS with an ARD of 09/12/2022, revealed, "Section A ...A0310. Type of Assessment ...F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated" and "A 2100 Discharge Status" was coded as "03. Acute Hospital ..." A record review of the clinical record for Resident #31 revealed there was no record of a written notification of transfer to an acute care hospital for the transfers that occurred on 09/07/2022 and 09/12/2022. Resident #68 A record review of the "Admission Record" revealed the facility admitted Resident #68 on 08/01/2022. He was admitted with diagnoses including Bladder-Neck Obstruction, Retention of Urine, and Acute Cystitis without Hematuria.	F 623	Representative within 24 hours (or next mail delivery day) beginning 10/10/22. Social Service will make a copy of the notification and maintain on file. 4. The Administrator will monitor, beginning 10/10/22, by review of all transfers and review of the copy of notification from Social Service Director during tour of duty Monday - Friday. Administrator will run a weekly report beginning week of 10/10/22, of all transfers/discharges to ensure compliance, and Report findings to the Qualtiy Assurance Performance Improvement committee on 11/8/22 and monthly x (3)three months for review, revision or resolution.	

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A record review of a Physician's Order for Resident #68, dated 08/13/22 at 12:21 PM, revealed "May transfer to (Proper Name of Local Hospital)".

A record review of Resident #68's Discharge MDS with an ARD of 08/13/2022, 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 ..."

A record review of the clinical record for Resident #68 revealed there was no record of a written notification of transfer to an acute care hospital for the transfer that occurred on 8/13/22.

Resident #88

On 10/03/22 at 12:29 PM, during an interview with the RR visiting with Resident #88, he explained that he is the resident's nephew. He reported that Resident #88 recently went to the hospital several times and although the facility calls him when the resident is sent to the hospital, he had never received a written notification from the facility regarding the transfer.

A record review of the "Admission Record" revealed the facility admitted Resident #88 on 05/11/2017 and he had diagnoses which included Encounter for Attention to Gastrostomy, Acute Kidney Failure, Dysarthria and Anarthria, Hypertension, and Vascular Dementia.

A record review of Resident #88's "Order Details" with order date 07/27/2022 revealed "May send to (Proper Name of Local Hospital) ER (Emergency

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Room) for further evaluation."

A record review of Resident #88's Discharge MDS with an ARD of 07/27/2022 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 ..."

A record review of Resident #88's "Order Details" with order date 08/07/2022 revealed "May send to (Proper Name of Local Hospital) for further evaluation."

A record review of Resident #88's Discharge MDS with an ARD of 08/07/2022 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 ..."

A record review of Resident #88's "Order Details" with order date 09/04/2022 revealed "May transfer to (Proper Name of Local Hospital) ..."

A record review of Resident #88's Discharge MDS with an ARD of 09/04/2022 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 ..."

A record review of the clinical record for Resident #88 revealed there was no record of a written notification of transfer to an acute care hospital for the transfers that occurred on 07/27/2022,

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F 623	Continued From page 17 08/04/2022, and 09/04/2022. On 10/05/22 at 11:40 AM, during an interview with the Social Services Director (SSD), she stated that she calls the families and lets them know the resident is going to the hospital, but she does not provide any notification in writing. She commented that she did not know she was supposed to send written notification to the RR's. On 10/06/22 at 12:00 PM, during an interview with the Administrator, she explained that the SSD is responsible for providing written notification of transfers. She reported the nurses will send transfer notifications in a folder with the resident to the hospital. If the RR does not come in to sign the form, they will call the RR and make a note in the chart. She reported the facility has not mailed written notification with each hospital transfer regarding the reason for transfer.	F 623		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding	F 625		11/8/22

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F 625	Continued From page 18 bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility policy review and record review the facility failed to provide to the Resident or Resident Representative (RR) written notice at the time of transfer of the duration of the Bed Hold Policy for three (3) of three (3) residents reviewed for transfers and discharges. Resident #31, Resident #68, and Resident #88 Findings included: Record review of the facility policy "Bed Hold Policy and Procedure" with a revision date of 12/2019 revealed Policy: At the time of transfer for hospitalization... the facility will provide to the resident and/or the resident representative written notice which specifies the bed-hold policy... Bed Hold Notice upon Transfer 1. Before a resident is transferred to the hospital ... the facility will provide to the resident and/or resident representative written information the specifies: a. The state bed-hold policy, during which the resident is permitted to return ... 2. In the event of emergency transfers of a resident, the facility will provide within 24 hours written notice of the	F 625	F 625 1. Resident #31 Responsible Party was verbally notified of transfer on 9/7/22 and verbally requested to hold the bed. On 10/10/22, Resident discharged home. Resident #68 Responsible Party was verbally notified of transfer on 8/13/22 and declined bedhold. On 10/2/22, resident discharged to hospital and does not wish to hold a bed. Resident #88 Responsible Party was verbally notified on 7/27/22, 8/4/22 and 9/4/22, and did verbally hold a bed, resident returned to the facility 9/8/22 and on 10/19/22 resident discharged/Expired. 2. All residents with emergency transferred/discharged to hospital have the potential to be affected. 3. On 10/10/22, facility Administrator in-serviced Social Service Director and Business Office Manager on written	

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F 625	Continued From page 19 facility's bed-hold policies according to the Mississippi Medicaid allowed days... The facility's Business Office Manager or Social Service Director (as assigned by the facility Administrator) will be responsible for providing written notice of bed-hold policy during normal business hours (Monday through Friday 8:00 am-5:00 pm) and follow up notification per phone for odd hour and weekend emergency transfers..." Resident #31 A record review of the "Admission Record" revealed the facility admitted Resident #31 on 07/15/2022 with diagnoses including Surgical Aftercare following surgery on the nervous system, Spinal Stenosis, and Respiratory Failure. A record review of a Physician's Order for Resident #31, dated 09/07/2022 at 9:26 PM, revealed, "May send out to (Proper Name of Local Hospital) for evaluation of SOB (Shortness of Breath), desaturation, and fluid overload ..." A record review of Resident #31's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/07/2022, revealed, "Section A ...A0310. Type of Assessment ...F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated" and "A 2100 Discharge Status" was coded as "03. Acute Hospital ..." A record review of a Physician's Order for Resident #31, dated 09/12/22 at 09:49 AM, revealed, "May send to (Proper Name of Local Hospital) for further eval (evaluation) due to CHF (Congestive Heart Failure) Exacerbation, SOB, fluid overload ..."	F 625	notification, within 24 hours or next business day, to the Resident and the Residents Representative of an emergency transfer to the hospital and the duration of the bed hold policy. The Social Service Director or Business office Manager will continue to obtain verbal permission for bed hold authorization or decline. The Social Service Director or Business office manager will provide written notification of the transfer or discharge and duration of bed hold policy during normal business (Monday-Friday) to the Resident/Resident Representative, by mail or hand delivery within 24 hours or next business day beginning 10/10/22, and will continue follow-up notification via phone as needed for validation of bed hold status and understanding. 4. The Business Office Manager will monitor, beginning 10/10/22 by review of all transfers daily and copy of notification from Social Service Director. Business Office Manager or Administrator, beginning 10/10/22, will run a weekly report of all transfers/discharges to ensure compliance, and Report findings to the Quality Assurance Performance Improvment committee on 11/8/22 and monthly x (3) three months, for review, revision or resolution to the plan.	

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A record review of Resident #31's Discharge MDS with an ARD of 09/12/2022, revealed, "Section A ...A0310. Type of Assessment ...F. Entry/discharge reporting" was coded as "11. Discharge assessment-return anticipated" and "A 2100 Discharge Status" was coded as "03. Acute Hospital ..."

A record review of the clinical record for Resident #31 revealed there was no record of a written notification of the bed hold policy upon transfer for 09/07/2022 and 09/12/2022.

Resident #68

A record review of the "Admission Record" revealed the facility originally admitted Resident #68 on 08/01/2022 and the recent admission date was 08/22/2022. He was admitted with diagnoses including Bladder-Neck Obstruction, Retention of Urine, and Acute Cystitis without Hematuria.

A record review of a Physician's Order for Resident #68, dated 08/13/22 at 12:21 PM, revealed "May transfer to (Proper Name of Local Hospital)".

A record review of Resident #68's Discharge MDS with an ARD of 08/13/2022, 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 ..."

A record review of the clinical record for Resident #68 revealed there was no record of a written

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notification of the bed hold policy upon transfer for 8/13/22.

Resident #88

During an interview on 10/03/2022 at 12:29 PM, with the RR visiting with Resident #88, he stated that Resident #88 recently went to the hospital several times and he had never received a written notification from the facility regarding the bed hold policy when he was transferred.

A record review of the "Admission Record" revealed the facility admitted Resident #88 on 05/11/2017 and he had diagnoses which included Encounter for Attention to Gastrostomy, Acute Kidney Failure, Dysarthria and Anarthria, Hypertension, and Vascular Dementia.

A record review of Resident #88's "Order Details" with order date 07/27/2022 revealed "May send to (Proper Name of Local Hospital) ER (Emergency Room) for further evaluation."

A record review of Resident #88's Discharge MDS with an ARD of 07/27/2022 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 ..."

A record review of Resident #88's "Order Details" with order date 08/07/2022 revealed "May send to (Proper Name of Local Hospital) for further evaluation."

A record review of Resident #88's Discharge MDS with an ARD of 08/07/2022 revealed

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"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 ..."

A record review of Resident #88's "Order Details" with order date 09/04/2022 revealed "May transfer to (Proper Name of Local Hospital) ..."

A record review of Resident #88's Discharge MDS with an ARD of 09/04/2022 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 ..."

A record review of the clinical record for Resident #88 revealed there was no record of a written notification of the bed hold policy upon transfer to an acute care hospital for the transfers that occurred on 07/27/2022, 08/04/2022, and 09/04/2022.

During an interview on 10/05/22 at 11:40 AM, with the Social Services Director (SSD), she stated that she calls the families to advise them that the resident is going to the hospital and advises them of the bed-hold policy. She stated that she does not send notification of the bed hold policy to the families after each transfer because she was not aware that she was supposed to do so.

During an interview with the Administrator on 10/06/22 at 12:00 PM, she explained that the SSD is responsible for mailing letters for bed-holds for residents that do not have Medicaid because if the resident has Medicaid, Medicaid

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F 625	Continued From page 23 pays for bed-holds. She reported the nurses will also send the bed-hold letters in a folder with the resident to the hospital. If the RR does not come in to sign the form, they will call the RR and make a note in the chart. She reported the facility has not been consistent with mailing letters and have not mailed letters with each hospital transfer regarding the bed hold policy.	F 625		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §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	F 656		11/8/22

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	255282	A. BUILDING _____ B. WING _____	10/06/2022

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F 656	Continued From page 24 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 section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record reviews, and facility policy review, the facility failed to develop a comprehensive care plan for a resident who was at risk of falls for one (1) of 22 residents reviewed. Resident #304 Finding Include: Review of the facility's policy, "Care Plans-Comprehensive," dated 10/2016, revealed an individualized (person-centered) comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident ...". Record Review of Resident #304's "Admission Record," reveals the resident was admitted to the facility on 9/19/22 with diagnoses that included Cognitive Communication Deficit, Essential Hypertension, Ataxia, Lack of Coordination, and Muscle Weakness.	F 656	F656 1. On 10/10/22, Resident #304 Comprehensive care plan was updated to include "at risk for falls" by RN MDS/Careplan Coordinator. 2. All resident "at risk for falls" has the potiental to be affected. 3. On 10/10/22, the RN MDS/Careplan Coordinator completed 100% audit of all current residents to ensure careplan accurately reflects "at risk for falls" at indicated by fall risk assessment and history, no other concerns identified. The RN MDS/careplan Coordinator will maintain a log, beginning 10/11/22 x (3) three months, to include new admissions, to ensure "At risk for falls" is accurately reflected in the careplan. 4. The Director of Nursing will monitor, beginning 10/17/22, weekly x (3)three	

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F 656	Continued From page 25 A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/23/22, revealed that Resident #304 has a Brief Interview for Mental Status (BIMS) score of 10, which indicates moderate cognitive impairment. A record review of the "Fall Risk Assessment" dated 09/23/22, revealed that Resident #304 has a moderate risk for falls. A review of Resident #304's comprehensive care plan revealed that the resident's care plan does not identify a risk for falls. On 10/03/22 at 12:00 PM, the State Agency (SA) observed Resident #304 sitting in her wheelchair by the bed. Observation revealed a swollen area on the left side of her forehead. On 10/04/22 at 04:05 PM, the SA conducted an interview with Certified Nurse's Aide (CNA) #1 regarding the injury noted to Resident #304's forehead. The CNA stated that as far as she knows, the resident has not had a fall since being here. On 10/06/22 10:50 AM, in an interview with Licensed Practitioner Nurse (LPN) #4, she confirmed that the resident has not experienced a fall since admission but had fallen at a previous facility. On 10/06/22 at 11:20 AM, in an interview with the Minimum Data Set (MDS) Coordinator, she revealed that they normally put a risk for falls on every resident's care plan. She confirmed that Resident #304's care plan does not include a risk for fall.	F 656	weeks then monthly x (1)one month, by review of new Admission records and log to ensure "at risk for falls" is accurately reflected in plan of care. The Director of Nursing will report findings to the Quality Assurance Performance Improvement committee on 11/8/22 and on a monthly basis x (3) three months for review, revisions and resolutions to the plan.	

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F 656	Continued From page 26 On 10/06/22 at 01:47 PM, during an interview with the Director of Nursing (DON), she confirmed that Resident #304 is at risk for falls and should have had a care plan developed to address that risk.	F 656		
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 interviews, record review, and facility policy review, the facility failed to provide services to meet professional standards of practice regarding the administration of medications to dialysis residents per physician orders for one (1) of two (2) dialysis residents reviewed. Resident #47 Findings Include: Review of the facility's policy "Administration of Eye Drops or Ointments", updated 4/20/22, revealed "Eye medications are administered as ordered by the physician and in accordance with professional standards of practice to lubricate the eye or treat certain eye conditions ...". Review of Resident # 47's "Admission Record" revealed admission of 01/10/2018 with medical diagnoses that included End Stage Renal Disease, Dependence on Renal Dialysis, Diabetes Mellitus Type II, and Unspecified	F 658	F658 1. On 10/7/22, Resident #47 order for Eye drops was changed to reflect new three (3) times a day schedule on dialysis days, per MD order, to ensure Medication will be received after return from dialysis. 2. All dialysis residents have the potential to be affected. 3. On 10/24/22, 100% audit of all dialysis resident was conducted by the Medical Records nurse, all medications of residents affected by out of facility due to dialysis was changed with new times to receive while in the facility per MD orders. MD Approves change of medication times on dialysis days to ensure delivery of medication while in the facility. Medical Records and Licensed nurses	11/8/22

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F 658	Continued From page 27 Glaucoma. Review of Resident # 47's current "Physician Orders" revealed an order dated 01/20/21, for Simbrinza Suspension 1-0.2 % (Brinzolamide-Brimonidine) Instill 1 drop in both eyes three times a day related to UNSPECIFIED Glaucoma. Review of Resident #47's September 2022 "Electronic Medication Administration Record" (EMAR) revealed Simbrinza Suspension 1-0.2 % (Brinzolamide-Brimonidine) was not administered for the 12:00 PM doses per physician orders on dialysis days (September 2, 7, 9, 12, 14, 16, 19, 21, 23, 26, 28 and 30). During the current month of October 2022, the resident's EMAR revealed that the resident had not received the ordered Simbrinza Suspension on October 3rd and 5th. Review of Resident # 47's Quarterly Minimum Data Set (MDS), with Assessment Reference Date (ARD) of 8/15/22, revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicates the resident was unable to complete the interview. On 10/6/22 at 11:11 AM, in an interview, the Nurse Practitioner (NP) revealed that she and the Medical Director follow the orders as written by the eye specialist. She stated they sign off on specialist orders and expect the staff to follow them as written. The NP confirmed that she expects staff to administer the resident's eye drops three (3) times a day, on all days. On 10/6/22 at 2:13 PM, in an interview with Licensed Practical Nurse (LPN) #4/Unit Nurse Manager, she stated that Resident #47 should	F 658	who obtain orders or dispense medications will be in-serviced on new time schedule of medications for dialysis residents on dialysis days to ensure medication delivery while resident is in the facility by 11/5/2022. Medical Records Nurse will ensure all new admission medications of dialysis residents is entered into the electronic medical record Physician orders with time schedules which ensure medication delivery while in the facility upon admission beginning 10/24/22. The Nurse taking new order will ensure New orders for medications for residents on dialysis are on time schedules to ensure delivery while in the facility, upon entering the new order beginning 10/24/22. 4. Medical records will monitor new orders no later than the next business day (Monday - Friday) and the RN supervisor will monitor new orders after hours and weekends to ensure new medication for dialysis residents are scheduled at times while in the facility. The Director of Nursing will monitor all dialysis residents weekly beginning 10/24/22 x (3) three weeks then monthly x(3) three months, to ensure New admission orders and new or changed medication orders for dialysis residents are scheduled to ensure delivery while in the facility and report finds to the Quality Assurance Performance Improvement committee on 11/8/22 and monthly x (3) three months for review, revision or resolution to the plan.	

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F 658	Continued From page 28 get her eye drops as ordered. She explained that the eye medication is for Glaucoma, and it is essential that the resident receive the eye drops as ordered. On 10/6/22 at 2:39 PM, in an interview, the Director of Nursing (DON) confirmed the importance of staff administering a resident's eye drops for glaucoma three (3) times a day as ordered. She stated the nursing staff should have used better judgment and called the practitioner and clarified the administration times to accommodate the administration of the medication on dialysis days.	F 658		