STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255206	A. BUILDING _____ B. WING _____	11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	310 EMERALD DRIVE COLUMBUS, MS 39702

(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 re-certification survey at the faciilty from 11/07/22 to 11/09/22. During the survey, the SA determined that the facilty was not in compliance with Medicare and Medicaid requirements of participation. The SA cited F644 related to coordination and assessment for a Preadmission Screening and Resident Review (PASARR). The facility had a cesus of 75 at the time of the survey and held a license for beds 120.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review the facility failed to make a	F 644	1. On 11/8/2022, a Mississippi Preadmission Screening and Resident	12/14/22

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

Electronically Signed | 12/01/2022

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F 644	Continued From page 1 referral for a resident with a new diagnosis of schizophrenia for a Pre-Admission Screening and Resident Review (PASARR) Level II screen for one (1) of six (6) residents reviewed. Resident #46 Findings Include: Review of the facility policy titled, "Resident Assessment-coordination with the PASARR program" with a revision date of 10/2019 revealed under "Policy Explanation and Compliance Guidelines ...#6. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review". Record review of the Pre-Admission Screening (PAS) Application for Long Term Care dated 3/5/19 revealed the resident did not have diagnosis of a major mental disorder. The PASARR Level I screen was effective 03/05/19 Record review of Resident #46's Admission Record revealed the resident was admitted to the facility on 02/15/19. A new diagnosis of Schizophrenia was indicated on 01/08/21. Record review of Resident #46's "Behavioral Medicine Evaluation and Management Notes" dated 5/2/19 revealed the resident gave a verbal medical history of a Schizophrenia diagnosis but was not currently exhibiting signs of Schizophrenia but on 01/07/21 the resident had developed hallucinations and on 02/03/21 the Psychiatric Nurse Practitioner noted the new diagnosis of Schizophrenia by history.	F 644	Review (PASSAR) Level II Change in Status Request form was completed and submitted to Maximus for Resident #46, which included the diagnosis of Schizophrenia, by the Social Service Director (SSD). A level II was done on Resident #46 on 11/10/2022. On 11/14/2022, the Mississippi Department of Mental Health deemed that Resident #46 meets criteria for having a diagnosis of mental illness as defined by PASRR and that Resident #46 is appropriate for nursing home level of care. 2. All residents who exhibits a newly evident or possible serious mental disorder, intellectual disability, or related condition have the potential to be affected. 3. On 11/10/2022, the Administrator, Director of Nursing (DON), Nurse Educator (NE), and the SSD reviewed the facility policy titled Resident Assessment-coordination with the PASSAR Program and no revisions were indicated. An in-service/education was conducted by the Administrator on 11/14/2022 to ensure the SSD, Medical Records Coordinator (MR), Minimum Data Set Licensed Practical Nurse (MDS LPN), Admission Coordinator, Business Office Manager (BOM), and DON were educated on process for PASSAR referrals for any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition. 4. The MR Coordinator will complete a	

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F 644	Continued From page 2 An interview on 11/8/22 at 1:28PM, with Social Services #1 revealed that Resident #46 should have had a new PASARR completed and sent in when the resident received the new diagnosis of Schizophrenia. She revealed she was responsible for doing the new PASARR and confirmed she did not do it. She revealed that the PASARR should have been resent after the diagnosis of Schizophrenia to make sure he was still suitable for nursing home placement and find out what different services he might need. An interview on 11/9/22 at 9:00 AM, with the Psychiatric Nurse Practitioner confirmed that she gave Resident #46 a diagnosis of Schizophrenia after he was admitted to the facility based on his verbal medical history and development of behaviors that included hallucinations. An interview on 11/9/22 at 10:00 AM, with the Administrator confirmed that the PASARR should have been redone after Resident #46 received the new diagnosis of Schizophrenia to make sure he was still suitable for Long Term Care (LTC) placement. Record review of Resident #46's Minimum Data Set with an Assessment Reference Date of 09/08/22 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident is cognitively intact and Section I revealed the resident has an Active Diagnosis of Schizophrenia.	F 644	100% quality assurance audit of all new diagnosis of serious mental disorder, intellectual disability, or a related condition and validate that the PASSAR referral was completed and submitted. Audits began on 11/21/2022 for the next 6 weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Negative findings will be addressed immediately. Beginning 12/13/2022 and for the next 3 months, the Medical Records Coordinator will review the data obtained from the quality assurance audits, analyzing for patterns/trends and report monthly in the Quality Assurance/Performance Improvement meeting. The Quality Assurance/Performance Improvement Committee will make recommendations as needed.	