STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255072	A. BUILDING _____ B. WING _____	C 12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON COUNTY NURSING HOME	17560 EAST MAIN STREET LOUISVILLE, MS 39339

(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 six (6) Complaint investigations (CI MS# 19997, CI MS# 20087, CI MS# 20148, CI MS# 20149, CI MS# 20150, and CI MS# 20151) at the facility from 12/19/22 through 12/21/22 concerning reporting resident falls, roaches, rude staff, wound management, and availability of management. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services and substaintiated CI MS# 20150 and CI MS# 20151 for failure to notify family/physician and cited F580. At the time of the survey, the facility had a census of 88 and held a license for 120 beds.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the	F 580		1/27/23

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

Electronically Signed | 01/04/2023

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F 580	Continued From page 1 resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review the facility failed to report an unwitnessed fall to the physician and family for one (1) of the three (3) fall reports reviewed. Resident #1 Review of the facility policy titled, "Reporting of Incidents" with an effective date of 10/2014 and a	F 580	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through	

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F 580	Continued From page 2 revision date of 9/10/2014 revealed its purpose was to address incidents in a timely, effective manner. To maintain a record of incident and related assessments and interventions. Number 6 under procedure revealed notify responsible party and physician of occurrence. A telephone interview, on 12/20/22 at 10:36 AM with Licensed Practical Nurse (LPN) #1 revealed that a Certified Nurse Aide (CNA) came and got her because Resident #1 was in the floor. LPN #1 stated that the resident was sitting in the bathroom floor and told her that she went to the bathroom and did not feel like walking back. LPN #1 stated Resident #1's call light was on her bed. She stated that Resident #1 said she was not hurt so she didn't think much about it. LPN #1 stated that she looked Resident #1 over from head to toe and got her vital signs. She stated she did not call the doctor or family concerning the incident. She stated she did talk to the doctor when he made rounds, but she thought it was the next day. She stated that the doctor questioned her about the incident and said it should have been considered a fall. LPN #1 stated that she did what the Director of Nursing (DON) had told her to do. An interview, on 12/20/22 at 1:30 PM with the Director of Nursing (DON) revealed LPN #1 had called her at home to report Resident #1 was found in the bathroom floor. She stated that Resident #1 told them she sat down in the floor. The DON confirmed she told LPN #1 to do a thorough skin assessment. She stated that she just believed what the resident said when she told the staff that she had just sat down in the floor. The DON confirmed that due to the fact that Resident #1 had previous falls and a Brief Mental Status (BIMS) score of five (5), the incident	F 580	informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. 1.Resident #1: Physician notified of incident on 12/13/22 on rounds and family was notified of unwitnessed fall on 12/23/22. Incident report was completed by Director of Nurses on 1/4/23. 2.All residents have the potential to be affected by this deficient practice. 3.All nursing staff members were educated by Quality Assurance Performance Improvement nurse on the facility's Fall Procedure policy and the protocol for documentation and reporting of falls on 12/23/2022. 4.To monitor compliance the Quality Assurance Performance Improvement nurse began auditing all nurses notes entered into the Electronic Health Record the prior 24 hours on 12/27/2022, 3 times a week for 2 weeks, then twice a week for 2 weeks, then weekly on Mondays for 4 weeks for records of incidents to ensure that all protocols were followed and properly reported. The Quality Assurance Performance Improvement nurse will report any findings for review by the Quality Assurance Committee on 1/26/2023 and then every other month starting in February.	

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F 580	Continued From page 3	F 580		

should have been written up as a fall and reported to the doctor and responsible party. The DON confirmed the Medical Director (MD) and the Responsible Party (RP) were not notified, but the MD did come that afternoon and made rounds.

A telephone interview on 12/21/22 at 2:30 PM with the physician revealed that he was not called concerning Resident #1's fall, he just happened to find out during his rounds. He stated that Resident #1 is a Medicare Part A resident, so he tries to see those residents weekly. He stated that he was not sure if the staff knew he was coming around that day. He stated that sometimes the reporting is "hit or miss".
An interview with Administrator on 12/21/22 at 3:00 PM revealed that if a resident had an incident, it should be written up as a fall and this would include notification of the physician and the family.

Record review of the fall dated 12/23/22 where Resident #1 was found in the bathroom floor by a staff member revealed that the resident did not sustain any injuries.

Record review revealed Resident #1 was admitted to the facility on 06/05/2017 with Unspecified Dementia, Essential hypertension, Type 2 Diabetes Mellitus, Syncope and Collapse, Hemiplegia following Cerebral Infarct affecting left nondominated side, difficulty in walking, and Unspecified lack of coordination.

Review of section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/28/22 revealed a Brief Interview for Mental Status (BIMS) score of five (5) which

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F 580	Continued From page 4 indicated Resident #1 was severely cognitively impaired.	F 580		