STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255336	A. BUILDING _____ B. WING _____	C 12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	683 COUNTY HOME ROAD ELLISVILLE, MS 39437

(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 a Complaint Investigation (CI MS #19693 and CI MS #19716) at the facility from 12/19/22 through 12/20/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #19693 was substantiated due to the facility's failure to accurately reconcile a resident's pre-discharge medications with her post-discharge medications and the SA cited F661. CI MS # 19716 was not substantiated. The facility had a license for 122 beds, with a census of 117.	F 000		
F 661 SS=D	Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident	F 661		1/27/23

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

Electronically Signed | 01/06/2023

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F 661	Continued From page 1 and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy review, the facility failed to reconcile a resident's pre-discharge medications with the post-discharge medications for one (1) of three (3) discharged residents reviewed. Resident #2. Findings include: A record review of a statement dated 12/28/22 and signed by the Administrator revealed the facility does not currently have a policy related to medication reconciliation during the discharge process. A record review of the "Face Sheet" revealed Resident #2 was admitted by the facility on 09/09/2022 and discharged on 10/14/2022 with a diagnosis of Hypertensive urgency. A record review of the "Receipt for Resident's Medications" for Resident #2 dated 10/14/22 revealed, " ...Amount: 30 ...Medication and Strength: Celexa 20 mg (milligrams) ..." The form was signed by Registered Nurse (RN) #1, and specified that " ...All medication must be picked up at (Proper Name of Facility) upon discharge ..." A record review of the "Discharge Summary" for	F 661	F661 (1) Resident #2 did not receive any of the Celexa and it was returned to the facility on 10/15/2022. A 1-1 in-service was provided to RN #1 by the Director of Nurses on 10/15/2022 to include accurate medication reconciliation processes. (2) All residents being discharged form the facility have the potential to be affected. (3) The Discharge Planning policy was reviewed and updated by the Quality Assessment and Assurance (QAA) Committee on 12/30/2022, and approved changes to include the discharge summary requirements for recapitulation of the resident's stay, final summary of the resident's status at the time of discharge, reconciliation of all pre-discharge medications with the resident's post-discharge medications, and the post-discharge plan of care. A new policy was developed and approved by the QAA Committee at that time, titled Medication Reconciliation Policy, which provides guidance for conducting medication reconciliation at intervals during a resident's stay and upon	

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F 661	Continued From page 2 Resident #2, revealed Celexa was not listed in the "Medication Orders". A record review of the "Departmental Notes" dated 10/14/22 at 1:49 PM, revealed a MDS Note/ADL Documentation signed by RN #1 for " ...All med (medications) left from stay were given and signed for ..." On 12/19/22 at 3:15 PM, during an interview with the Director of Nursing (DON), he stated that when Resident #2 was discharged from the facility, RN #1 received the resident's medications from the nurse and completed the "Receipt for Resident's Medications" form using the actual medication cards. She did not compare the medication cards with the resident's discharge orders to perform a medication reconciliation. She also did not realize the medication nurse had given her another resident's medication card for Celexa 20 mg, which she added to the form and gave to the Resident Representative (RR). On 12/19/22 at 3:50 PM, in an interview with RN #1, she stated that she received Resident #2's medication cards from the medication nurse and completed the "Receipt for Resident's Medication" using the medication cards. RN #1 confirmed that she did not review the resident's name on the medication card and added another resident's medication, Celexa, with Resident #2's medication. RN #1 confirmed that she did not reconcile the medications for Resident #2 with the Physician's Discharge Orders.	F 661	discharge. All Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) were in-serviced by the Director of Nurses beginning on 12/30/2022 and will continue until all nursing staff have been in-serviced. The in-service included a review of survey findings, Medication Reconciliation Definition, Relevance, Completion Intervals, and Accountability, proper procedures for completing an accurate medication reconciliation, review of F661 guidance, review and discussion of the revised Discharge Planning Policy, and the newly developed Medication Reconciliation Policy. Medication Reconciliation will be included for all newly hired nursing staff as well. RN #1 was observed for proper procedures for medication reconciliation. Competency was conducted on 1/4/2023, by the Administrator and the Director of Nursing Services (DON) via direct observation and documentation audit. (4) The DON, or the Quality Assurance Infection Preventionist (QA-IP) will audit (2) medication reconciliations for discharge residents beginning on 1/9/2023 and then weekly for 1 month to ensure an accurate medication reconciliation. Audit reports will be reviewed by the QA Committee on 1/25/2023 to ensure substantial compliance has been achieved as determined by the committee. The QA Committee will make any recommendations or changes if needed to ensure compliance.	