

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/02/2023
NAME OF PROVIDER OR SUPPLIER AZALEA GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 530 HALL ST WIGGINS, MS 39577		
(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 survey at the facility for two (2) complaint investigations (CI), MS #20451 and CI MS #20490 on 3/2/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #20451 for grooming, verbal abuse, and medications, and cited no deficiencies. The SA investigated CI MS #20490 for Responsible Representative not being notified and cited F 623.	F 000			
F 623 SS=D	The facility held a license for 99 beds, and had a census of 63 at the time of survey. 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. (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	F 623		3/24/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/16/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 623	Continued From page 1 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, 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	F 623			

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F 623	Continued From page 2 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 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(I). This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review, the facility failed to provide a written notice of transfer to the Responsible Representative (RR) for one (1) of three (3)	F 623	Resident #1's Responsible Representative, RR, was emailed a notice of transfer on 3/14/2023 that includes the reason for transfer, effective date of		

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F 623	Continued From page 3 sampled residents. Resident #1 Findings include: Review of the facility's "Transfer and Discharge ...Policy" with a revision date of May 2020 revealed, " ...Policy Guidelines ...7. Emergency Transfers/Discharges ...j. Provide transfer notice as soon as practicable to resident and representative ..." A record review of the "Admission Record" revealed the facility admitted Resident #1 on 1/4/13 with diagnoses including Type 2 Diabetes Mellitus, Parkinson's Disease, and Cerebral Aneurysm. A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/9/23 revealed Resident #1 was discharged to an acute hospital. Record review of the Significant Change MDS with an ARD on 1/29/23, revealed the Brief Interview for Mental Status (BIMS) score of 9, indicating moderately impaired cognition. A record review of "Progress Notes" revealed a Nurses Note dated 1/9/23 at 6:13 PM which indicated Resident #1 was transferred to an acute hospital at 5:50 PM. On 3/2/23 at 9:40 AM, in an interview with Resident #1 revealed, he has no problems to report at the facility, everyone takes real good care of him and answer his call lights. On 3/2/23 at 10:22 AM, in an interview with the Business Office Manager (BOM), she stated the	F 623	transfer and the location of transfer. The RR was contacted by telephone on 3/14/2023, and understanding was verified and documented. All residents who are transferred out of the facility have the potential to be affected. The Business Office Manager and Administrator reviewed all residents who were transferred out of the facility in the last month, 2 residents were identified and have been emailed/mailed a copy of the notice of transfer on 3/15/2023. The Business Office Manager telephoned the identified individuals to verify and document understanding. Effective for all transfers after 3/2/2023, the Business Office Manager will email/mail the transfer notice to the Resident/RR that includes reason for transfer, effective date of transfer and location of transfer. A copy of the transfer notices will be filed in the Bed Hold/Transfer notebook. The notices are filed by the applicable month for a period of one calendar year. The Bed Hold/Transfer book will be reviewed weekly, beginning 3/3/2023 for eight weeks by the Administrator for timeliness, understanding, and accuracy. The Bed Hold/Transfer Book and any audit findings will be brought to the Quality Assessment and Assurance Committee meeting for review and recommendations on 3/24/2023. All findings will be brought to the Quality Assessment and Assurance Committee for 90 days, along with a QA meeting to discuss findings.		

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F 623	Continued From page 4 facility will usually email or mail a copy of the notification of transfer and she will keep a copy for her records. She was unable to produce confirmation that she had emailed or mailed the notification to the RR for Resident #1. On 3/2/23 at 11:00 AM, during an interview with the Administrator, she confirmed that the facility did not provide a written notice of transfer to Resident #1's RR and that it was a "mistake of the facility."	F 623			