STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255249	A. BUILDING _____ B. WING _____	02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPERE NH INC	865 NORTH STREET JACKSON, MS 39202

(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 recertification survey from February 25, 2020 through February 27, 2020. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F641, F644, and F801. At the time of the survey, the census was 59 and the facility was licensed for 60 beds.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview, record interview, and facility statement, the facility failed to accurately code the Minimum Data Set (MDS) related to a diagnosis for one (1) of 19 resident MDS assessments reviewed, Resident #47. Findings include: Review of the facility'S statement, dated 2/27/20 and signed by the Director of Nursing, revealed the facility followed the Resident Assessment Instrument (RAI) Manual for all MDS assessments. Review of the RAI Manual Version 3.0 Chapter 2 revealed the RAI process was the basis for an accurate resident assessment. Review of Resident #47's "Pharmaceutical	F 641	On 01/22/2020, the Minimum Data Set Nurse completed a Significant Change in Status Minimum Data Set for Resident #47. On that assessment, the Minimum Data Set Nurse failed to accurately code the Minimum Data Set related to diagnosis of Psychosis. On 02/28/2020, the Minimum Data Set Nurse completed a modification of the Minimum Data Set and coded Resident #47 with a diagnosis of Psychosis. All residents in this facility have the potential to be affected by this deficient practice. The Minimum Data Set Nurse and Social Service Director was in-serviced by the Director of Nursing on 02/27/2020	4/30/20

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

Electronically Signed | 04/06/2020

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F 641	Continued From page 1 Consultant Report", signed 1/13/20, revealed the resident's provider added the diagnosis of Psychosis. Review of Resident #47's Significant Change in Status MDS Assessment with an Assessment Reference Date (ARD) of 1/22/20, revealed the diagnosis of Psychosis was not checked in Section I5950. An interview on 2/27/20 at 2:00 PM, with the MDS Nurse, Licensed Practical Nurse (LPN) #1, revealed the issue was related to the diagnosis not being added to the physician orders according to the facility policy. LPN #1 stated she would have a copy of that order to make changes to her assessment. She confirmed the diagnosis was on the Pharmacy Consultant report dated 2/13/20. An interview on 2/27/20 at 2:25 PM with the Director of Nursing confirmed, the diagnosis of Psychosis was on the Pharmacy Consultant form signed by the provider and would be a legitimate diagnosis since the provider had signed the form. The facility's Face Sheet revealed, the facility admitted Resident #47 on 1/11/19.	F 641	regarding the Minimum Data Set policy, also when a resident experience a significant change in status, a Pre-Admission Screening and Record Review Level II Change In Status Request Form must be completed by the provider and faxed to Ascend and after a new psychiatric diagnosis is added. The Medical Records Nurse was in-serviced on 02/27/2020 regarding reviewing all physician orders with pharmacy recommendations monthly to ensure correct diagnosis and code are entered into residents medical record, if any discrepancy Medical Records Nurse to correct at that time, document and forward physician order to Minimum Data Set Nurse and Director of Nursing to sign off at the end. Minimum Data Set Nurse to care plan diagnosis and code any new diagnosis on upcoming Minimum Data Set and Director of Nursing to sign off after completion. Beginning 03/02/2020, all findings of the weekly audits of Minimum Data Set Assessments will be brought to the Quality Assurance Performance Improvement Committee by the Minimum Data Set Nurse or Director of Nursing for three months to ensure continued compliance. All findings of the weekly Pharmacy Recommendation Audit beginning 03/02/2020 Assessments will be brought to the Quality Assurance Performance Improvement Committee by the Medical Record Nurse or Director of Nursing for three months to ensure continued compliance. The Quality	

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F 641	Continued From page 2	F 641	Assurance Committee will review and make recommendations as needed to sustain compliance.	
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 record review, staff interview, and facility policy review, the facility failed to refer a resident for a Level II screening related to a new psychiatric diagnosis change, for one (1) of three (3) residents reviewed for PASARR, Resident #47. Findings include: Review of the facility's "Pre-Admission Screening and Resident Review (PASARR) policy", with a	F 644	On 01/22/2020, Minimum Data Set Nurse completed a Significant Change in Status Minimum Data Set for Resident #47. On that assessment, the Social Service Director failed to notify Ascend with a Pre-Admission Screening and Record Review Level II Change in Status Request. On 02/28/2020 the Director of Nursing submitted a Mississippi PASARR Level II Change In Status Request Form to Ascend. On 03/18/2020,received a	4/30/20

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F 644	Continued From page 3 revision date of 2012, did not indicate a referral for a Level II Screening after a new psychiatric diagnosis was added. Review of the Ascend Provider Manual, revised on 7/3/13, revealed, when a resident experience a significant change in status, a PASARR Level II Change in Status Request Form must be completed by the provider and faxed to Ascend. Review of Resident #47's "Pharmaceutical Consultant Report," dated 1/13/20, revealed the resident's provider added the diagnosis of psychosis. Review of Resident #47's Significant Change in Status, Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 1/22/20, revealed the diagnosis of psychosis was not checked in Section I5950. An interview on 2/27/20 at 2:25 PM with the Director of Nursing (DON) confirmed the diagnosis of psychosis was on the consultant form signed by the physician and would be a legitimate diagnosis since the physician had signed the form. The DON stated the diagnosis would be a reason to notify Ascend, and as of today it had not been done. Review of Resident #47's "Admission Record" revealed the facility admitted Resident #47 on 1/11/19.	F 644	Pre-Admission Screening Record Review Notice of Exemption for Resident #47. All residents in this facility have the potential to be affected by this deficient practice. The Minimum Data Set Nurse and Social Service Director was in-serviced by the Director of Nursing on 02/27/2020 regarding the Minimum Data Set policy, also when a resident experience a significant change in status, a Pre-Admission Screening and Record Review Level II Change In Status Request Form must be completed by the provider and faxed to Ascend and after a new psychiatric diagnosis is added. The Social Service Director or Director of Nursing will notify Ascend as needed. All findings of the weekly Pharmacy Recommendation Audit beginning 03/02/2020, Assessments will be brought to the Quality Assurance Performance Improvement Committee by the Medical Record Nurse or Social Service Director for three months to ensure continued compliance. The Quality Assurance Committee will review and make recommendations as needed to sustain compliance.	
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the	F 801		4/30/20

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F 801	Continued From page 4 appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or	F 801		

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F 801	Continued From page 5 as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, facility job description, and a facility statement, the facility failed to employ a qualified professional related to the Dietary Manager position for one (1) of (1) certified dietary manager positions. Findings include:	F 801	On 1-7-2020, Comperes Nursing Home posted a job announcement utilizing an online job website for a Certified Dietary Manager. Although multiple applications were submitted, only two met the criteria of possessing the appropriate credentials and were interviewed.	

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F 801	Continued From page 6 Review of the facility's "Food Service Manager" job description, not dated, revealed the education for the position was a high school diploma/dietary manger certification required. The qualifications revealed it must be either a Dietary Assistant, Certified Dietary Manager, or a Registered Dietician. On 2/26/20 at 5:28 PM an interview with the Dietary Manager revealed he had not gone through the class for certification but was working with the dietician. The Dietary Manager stated he did have the Serve Safe Certification. He stated he had started working as the dietary manager about a year ago. The Dietary Manager also stated, he needed to take the test but just had not taken it yet. A review of the facility statement, dated 2/27/20, and signed by the Administrator, revealed the Dietary Manager was hired by the facility as a Cook on 4/17/17; and, was promoted to his current position on 1/18/18. On 2/27/20 at 9:44 AM an interview with the Administrator revealed she had completed interviews with certified dietary managers, but she currently did not have one that was certified on staff. The Administrator stated she, had been at the facility for about six (6) months.	F 801	All residents have the potential to be affected by this deficient practice. The Administrator has interviewed two additional applicants who possess the appropriate credentials. A job offer was made, unfortunately the applicant turned down the job offer. The Administrator continues to utilize an online job website to solicit applicants for a Certified Dietary Manager. and screen all applicants. The current Food Service Manager receives monthly consultations from a Registered Dietitian. Although these consultations are scheduled in advance, from time to time they are unannounced. The consultation includes: sanitation inspection, foodservice quality inspection and clinical review of weight changes for the past 30, 90 and 180 days, as well as residents with Stage II or greater decubitus, residents with feeding tubes and other residents as referred. The findings of these consultations are shared with the Food Service Manager, Director of Nursing and Administrator. The Administrator supervises the Food Service Manager and is responsible for ensuring recommendations are implemented by the Manager. Findings from consultations will continue to be reported in monthly Quality Assurance meetings to ensure continued compliance. In addition, progress on search to hire a Certified Dietary Manager will be reported to local Quality Assurance committee and to corporate.	

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F 801	Continued From page 7	F 801	The Dietary Manager from a sister facility will be transferred to Compere's Nursing Home the week of 5-25-20. That staff member is enrolled in an approved Certified Dietary Manager program, his preceptor is the Registered Dietician that serves as a consultant to Compere's Nursing Home. He has been enrolled in the program since late 2019. He was to complete the program and test prior to the end of 2020, this may be delayed somewhat due to the current COVID pandemic.	

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	255249	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/06/2020**

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COMPERE NH INC	**865 NORTH STREET** **JACKSON, MS 39202**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 04/06/2020

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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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 03/06/20 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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