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	255145	A. BUILDING _____ B. WING _____	C 05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

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F 600 SS=K	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility neglected to provide physician ordered services that were necessary for five (5) of 24 sampled residents. This resulted in actual harm for Residents #31, #75, #87, and #254 and had the likelihood of serious harm for Resident # 34. The facility's failure to provide services necessary to avoid physical harm caused serious harm as Resident #31 experienced decreased range of motion and mobility, Resident #75 was hospitalized for Congestive Heart Failure (CHF), Resident #87 developed a infection of a vascular stent placement, and Resident #254 was hospitalized due to sepsis. There was likelihood of harm for Resident #34 due to a delay in follow-up appointment for a supra pubic catheter placement. This non-compliance put these residents and other residents in a situation that	F 600	1) Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) and based on findings: Resident #31 was screened by Physical Therapy(PT) on 05/07/2023 and physician orders noted for "Physical Therapy to treat 5 times a week x 30 days include: therapeutic exercises, therapeutic activities, neuromuscular education, wheelchair training, manual therapy, group therapy, and electrical stimulation". Resident #31 was screened by Occupational Therapy(OT) on 05/09/2023 and physician orders noted for "Occupational Therapy to treat 3 times a week x 4 weeks for therapeutic exercises, therapeutic activities, self-care, neuromuscular education, manual therapy, group therapy, modalities as needed (prn), splinting and	6/2/23

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

Electronically Signed | 05/25/2023

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F 600	Continued From page 1 was likely to cause serious harm, injury, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 11/21/22 when Resident #87 was referred to a vascular surgeon and the facility did not follow physician's orders for follow-up appointment. The SA notified the facility Administrator of the IJ and provided an IJ template on 5/5/23 at 12:23 PM. The facility submitted an acceptable Removal Plan on 5/7/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ was removed on 5/8/23. The State Agency (SA) validated the Removal Plan on 5/9/23 and determined the IJ was removed on 5/8/23 prior to exit. Therefore, the scope and severity for 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation, F600 was lowered from a "K" to a scope and severity of an "E", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: Review of the facility's policy, "Abuse, Neglect, Exploitation & Misappropriation" policy, revised on 11/16/2022, revealed , "Employees of the center are charged with a continuing obligation to treat residents so they are free from ...neglect ...No employee may at any time commit an act of ...neglect ...Definitions ...Neglect is the failure of the center, its employees or service provides to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress..."	F 600	patient/caregiver education". An Orthopedic appointment was made for Resident #31 for 07/31/2023 at 8:00 AM. Transportation for the Orthopedic appointment was scheduled with local ambulance service on 05/09/2023 by the Executive Director(ED). Resident #75 had a Cardiology appointment was scheduled for 05/23/2023 at 1:00 PM. Pulmonology appointment was scheduled for 06/19/2023 at 4:00 PM. Cardiology and Pulmonology appointments for Resident #75 were scheduled with the local ambulance company on 05/09/2023 by the ED. Resident #87 was transferred to appointment with vascular surgeon in the facility van on 05/04/2023 and had left groin artificial implant removed. Follow-up appointment was been scheduled for 05/23/2023 at 9:15 AM. Physical Therapy(PT) evaluated and treated Resident #87 on 05/07/2023 for gait training for abnormal gait and use of assistive device to increase mobilization. Resident #254 was transported by an ambulance on 04/19/2023 to the local wound care clinic. Resident was transferred from there to the hospital and was discharged from facility on 05/04/2023. Resident #34 was transported by the facility van to his Urology appointment to have suprapubic catheter removed and had a follow up appointment on 05/09/2023 with Urologist. On 05/07/2023 at 4:30 PM, the Regional	

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F 600	Continued From page 2 Resident #31 During an interview on 5/3/23 at 3:30 PM, with the Nurse Practitioner (NP), she revealed Resident #31 had orders to follow up with an orthopedic surgeon in February 2023, but the resident still had not been seen by the surgeon. The NP said Resident #31 could not receive therapy services until he was assessed by the Orthopedic Surgeon and cleared for weight bearing status. She explained that Resident #31 currently had a non-weight bearing status and could not get out the bed until he was seen by surgeon. The NP stated that because he did not go to the post operative appointment, the resident's surgical staples were embedded in his surgical wound, and she had to call the orthopedic surgeon to obtain an order to remove the staples. She also commented that his left foot was turned outward to the left side now and she thought his foot would have to be broken again before anything could be done for him. She said she had talked to the Administrator and the DON several times explaining that Resident #31 needed to go to his post operative appointments. During an observation and interview with Resident #31, on 05/04/23 at 09:42 AM, revealed he was lying in bed wearing a left leg brace that was not secured to his leg, a boot on his left foot with the foot turned outward, and had a right lower extremity amputation. He explained that he was hit by a car prior to entering the facility. Resident #31 said he wanted to get out of his room because he had not left the room since he was admitted on 1/23/23. He confirmed that the facility failed to send him to a follow up visit with his orthopedic doctor. He said he was miserable	F 600	Plant Operations Director(RPOD) delivered an additional wheelchair accessible van for the facility to maintain effective transportation for physician ordered medically necessary appointments. 2) On 05/05/2023, the Regional Director of Clinical Services(RDCS) and Licensed Practical Nurse(LPN) 1 conducted a quality review of current resident physician orders for medically necessary appointments or consults to identify any other residents affected by the deficient practice. Current residents with physician orders for medical necessary appointments have the potential to be affected. 3) On 05/07/2023, the Regional Director of Clinical Services(RDCS) educated the ED, Director of Nurses(DON), Medical Records(MR) Nurse, and Licensed Social Worker(LSW) on the medically necessary services consult and appointment process to ensure physician ordered medical services are scheduled and transportation is provided. Once consult or appointment order is received the MR Nurse will place the consult or appointment on the Appointment/Consult Log. Appointments will be made by the MR Nurse, LSW, or DON to ensure transportation schedule is confirmed. If a resident requires non-emergent ambulance transport, the ED will be notified to ensure transportation	

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F 600	Continued From page 3 staying in this room all the time watching television and he commented that he had "lost one leg and he might lose another leg" because it had been so long since he saw the orthopedic doctor. During an interview on 5/04/23 at 10:35 AM, the facility's Physical Therapy Assistant (PTA) confirmed Resident #31 could not participate in therapy services until he was assessed by his orthopedic surgeon to obtain a weight bearing status. The PTA said he had ordered the resident a prosthesis for the newly amputated extremity, but it could not be used because the resident did not have a weight bearing status. The PTA said until the resident was assessed by the orthopedic surgeon, their "hands are tied." Record review of the "Order Recap Report" revealed Resident #31 had a Physician's Order, dated 2/1/23 and discontinued on 3/8/23 for, "Follow up appointment: Feb (February) 14, 2023 10:15 A ... Post-Op visit ..." and a Physician's Order, dated 3/8/23 for, "Schedule F/U appointment with Orthopedics ..." Record review of the facility's "Progress Notes" revealed Resident #31 had a "Physician Progress Note" dated 2/14/23 at 15:44 (3:44 PM) for, " ...Wound care nurse requests evaluation of multiple areas with sutures, as he had a F/U appointment today with Orthopedics but did not go, will review the reason why with DON. Did document the following appointments on my last visit to be sure he did not miss them. Will again review all appointments with DON ..." revealed Resident #31 missed follow up appointment. NP will follow up with DON.	F 600	services are scheduled. Once appointment is met it will be indicated on the "Appointment/Consult Log". Education was conducted with current staff on "Abuse, Neglect, Exploitation & Misappropriation" with emphasis on providing medically necessary services to a resident to avoid physical harm, pain, mental anguish, or emotional distress. Education was conducted on 05/05/2023 by the DON. New hires will be educated in orientation. 4) ED or DON will monitor medically necessary appointments for 10 residents 3 times weekly for 1 month, then weekly for 1 month, and then monthly for 2 months beginning 05/05/2023 to ensure appointments are scheduled, transportation arrangements scheduled, and resident attends appointments. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly starting 5/30/2023 for four months. Monitoring schedule will be revised based on findings.	

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Record review of the facility's "Progress Notes" revealed Resident #31 had a "Physician Progress Note", dated 2/15/23 at 10:44 AM for, " ...Reviewed appointments with DON and information for each appointment documented in my note. Yesterday's appointment was rescheduled as the facility's transportation department already had a full calendar prior to his admission ..."

Record review of the facility's "Progress Notes" revealed Resident #31 had a "Physician Progress Note", dated 2/28/23 at 12:35 PM, for, "NP/F/U stitch removal ...Reassessed this resident's multiple surgical areas to see how they are doing after removing sutures last week to his Left leg and the Right AKA (Above Knee Amputation) stump ...some sutures remain. On staff attempt to remove sutures some were too embedded to be able to remove. The staff nurse asked me if I could look at them and attempt to remove the remaining sutures. Removed remaining sutures from Right stump and Left thigh area ...continues to wear a Bregg brace to LLE (Left Lower Extremity) and remains NWB (non-weight bearing) LLE and s/p (status post) RLE (Right Lower Extremity) AKA ..."

Record review of the "Progress Notes" revealed Resident #31 had a "Physician Progress Note", dated 3/8/23 at 11:44 AM, for, " ...This resident asked if he could start receiving PT (Physical Therapy). I discussed this with the PT department, they are waiting for Weight bearing status update as he is NWB per his discharge paperwork ...He had a F/U appointment scheduled for Feb. 14, 2023 that was missed and rescheduled for Feb 27, 2023 according to the DON but when they called to confirm the 27th

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appointment prior to transport the DON states she was told they did not have any F/U appointment on the books with Ortho. for this patient at all and no other appointment has been made as of today as I spoke with the scheduling department myself ...this AM and she confirmed no F/U Ortho. Appointment for this patient at this time. I discussed this with the DON, she is to schedule that F/U, after that visit we can get weight bearing status and be able to move forward with his PT/OT according to Ortho's recommendations ..."

Record review of the "Progress Notes" revealed Resident #31 had a "Nursing Progress Note" dated 3/8/23 at 11:44 AM, for, "Called (Proper Name of Orthopedic Facility) ...in reference to f/u appt for resident ...schedule is filled at the time and he does not have any openings ..."

Record review of the "Progress Notes" revealed Resident #31 had a "Physician Progress Note", dated 4/25/23 at 13:25 (1:25 PM) for, " ...He is asking when he remove his left leg brace. I explained to him he has to see Ortho and get the order to remove this brace from them. He voiced concern that he has missed several appointments to go back and see Ortho because of transportation, as he is being told. I spoke with DON and Administrator concerning this resident and his return appointments, they both state they are working on it as it has been a transportation issue. I expressed the importance of getting him back to the Orthopedic ASAP (As soon as possible) for F/U of his surgeries and hospital stay prior to admission on January 31, 2023. They both expressed understanding ..."

Review of the medical record revealed there was

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no documentation indicating that Resident #31 was seen by the Orthopedic Surgeon as ordered.

A record review of the "Admission Record" revealed the facility admitted Resident #31 on 1/31/23 with diagnoses including Displaced Fracture of Right Femur and Encounter for Orthopedic aftercare following surgical amputation.

A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/07/23, revealed Resident #31 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.

Resident #75

During an interview on 05/01/23 at 03:20 PM, with Resident #75, she stated the facility had failed to schedule and keep follow up appointments for her to see her cardiologist or pulmonologist. The resident said she was concerned because she had been hospitalized for pneumonia and had difficulty breathing. She did not understand why she could not go to her doctor's appointments.

During an interview on 5/3/23 at 1:00 PM, with License Practical Nurse (LPN) #2, she confirmed the resident did not go to see her Cardiologist and Pulmonologist because the facility van was inaccessible for the resident and the facility must pay the local Ambulance service in advance for non-emergent transporting of residents. LPN #2 also confirmed the resident was not sent to the hospital for a chest x-ray (CXR). LPN #2 revealed she was given this information by the previous Director of Nursing (DON) and the Administrator.

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During an interview on 5/3/23 at 4:00 PM, with the current DON, she revealed she was not the DON at the time the Nurse Practitioner (NP) placed the order for the resident to have follow up appointments with the Cardiologist and Pulmonologist. The DON also said she was not the DON when the NP wrote an order for the resident to get a CXR at the hospital. The DON stated she was aware that the local ambulance company required payment in advance for non-emergency transport services and that Resident #75 was not sent to see her Cardiologist and Pulmonologist. The DON also confirmed the resident was not sent to the hospital for a CXR due to transportation problems with the facility.

During an interview on 5/3/23 at 3:30 PM, with the NP, she said she wrote an order for the resident to follow up with her Cardiologist and Pulmonologist in January of 2023, and the facility failed to follow her orders. The NP also said she ordered a portable CXR in January 2023 for the resident, but she exceeded 300 pounds, and the technician could not get a good picture. The NP then wrote an order to schedule the resident to have a CXR at the hospital, which was not carried out. The NP stated that she talked to the Administrator and the previous DON about residents not going to ordered appointments. The Administrator told her that the Resident was too large to fit in the company van and that he had to pay the local ambulance in advance before they would transfer any of the residents for non-emergency appointments. The NP reported that she told the Administrator, "You admitted the residents now you must take care of their needs." The NP stated that had the facility sent the resident to the follow up visit with the Cardiologist, Pulmonologist, and CXR, the resident would not

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have had to be hospitalized with Congestive Heart Failure (CHF) and pneumonia.

Record review of the "Order Summary Report" with "Active Orders as of 05/03/2023," revealed Resident #75 had a Physician's Order, dated 1/3/23 to "Schedule appointment in Jackson, MS with this resident's Cardiologist and Pulmonologist as she is c/o (complaining of) increased heart palpitations and Shortness of breath. She states she has not been seen in over a year."

Record review of the "Progress Notes" for Resident #75 revealed a "Physician Progress Note" dated 1/24/23 at 18:19 (6:19 PM) for, " ...The resident reports she is experiencing occasional heart palpitations, states she just feels like her heart is running away from her and she feel short of breath when this happens. Reviewed V/S (vital signs) and noted her BP (blood pressure) is running higher than it should be ...Will discuss the status of her order to schedule a F/U (follow up) appointment with her cardiologist and pulmonologist in Jackson, MS that is known to her for a checkup ... POC (Plan of Care) ...3. CXR c/o SOB (Shortness of Breath).

Record review of the "Progress Notes" for Resident #75 revealed a "Nursing Progress Note" dated 1/26/23 at 18:20 (6:20 PM) for, "(Proper Name of Portable X-ray Company) present at this time to do portable CXR, unable to perform r/t (related to) res (resident) weight exceeding 300 pounds per policy ...DON notified ...NP notified then instructed for CXR to be scheduled and res to be transferred to hosp (hospital) to be obtained ..."

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Record review of the "Progress Notes" for Resident #75 revealed a "Nursing Progress Note", dated 3/1/23 at 10:10 (AM) for, " ...She states she is having more shortness of breath ...her thighs and lower abdomen feel "tight" ...POC ...2. Place a Foley (indwelling) catheter today ..."

Record review of the "Progress Notes" for Resident #75 revealed a "Nursing Progress Note", dated 3/15/23 at 13:38 (1:38 PM), for, "Res c/o SOB with difficulty breathing to this nurse ...NP present in facility, made aware. N.O. (New Order) to send res to (Proper Name of Local Hospital) ..."

Record review of the "Progress Notes" for Resident #75 revealed a "Nursing Progress Note", dated 3/15/23 at 18:14 (6:14 PM), for, " ...Admitted ...with dx-CHF, pulmonary disease, stable condition noted."

Review of the medical record revealed there was no documentation indicating that Resident #75 was seen by the Cardiologist or Pulmonologist, and there was no documentation that she received the diagnostic CXR as ordered.

Record review of a hospital "History and Physical Note", dated 3/15/2023 at 17:02 (5:02 PM), revealed, " ...CT (Computed Tomography) of the chest showed evidence of pneumonitis and possible atypical pneumonia. She was admitted ..."

Record review of the "Admission Record" revealed the facility admitted Resident #75 on 9/12/22 and she had diagnoses including Chronic

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Obstructive Pulmonary Disease (COPD), Morbid Obesity, and Diastolic Congestive Heart Failure.

Record review of the Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/29/23 revealed Resident #79 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated her cognition was moderately impaired.

Resident #87

During an interview on 05/03/23 at 03:30 PM, the NP stated that Resident #87 had an artificial implant because of poor circulation that was placed by the vascular surgeon prior to his admission to the facility on 7/6/22. The NP said the resident has had complaints of pain and has had recurrent infections with Methicillin-Resistant Staphylococcus (MRSA) in that area because the implant needed to be removed. The NP said she wrote orders last year for the facility to make an appointment to follow up with the vascular surgeon, but the facility kept changing the appointment, and he still has not seen the surgeon. The NP stated that she had asked the DON why the resident had not seen the surgeon and was told it was because the facility's van was being repaired and the dialysis residents have top priority related to transportation. The NP said she told the DON that the resident should not have to continue to be in pain or suffer from infections because the facility had transportation problems.

During an interview on 05/03/23 at 04:00 PM, with Resident #87, he confirmed he had pain and recurrent infections in his thigh. The resident said he talked to the NP and explained that his thigh was hurting and that he needed to have the

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implant removed and the NP said she would have the facility to set up an appointment. The resident was unable to recall the exact month that the NP said she was going to get him appointment, but he knew it was last year. The resident said that his appointments kept getting changed because the facility vans were not working, but he had an appointment scheduled for tomorrow (5/4/23).

Record review of the "Order Summary Report" dated 5/3/23, revealed Resident #87 had a Physician's Order, dated 11/21/22, for "refer to (Proper Name of Physician) vascular surgeon at (Proper Name of Medical Clinic), a Physician's Order, dated 3/17/23, for "Get appointment with physician at (Proper Name of Medical Clinic) ...ASAP (as soon as possible) ...related to Unspecified Open Wound, Left Thigh ...", and a Physician's Order, dated 4/11/23, for "Get appointment with (Proper Name of Physician) vascular surgeon ...as soon as possible to have artificial implant removed from Left Groin/Thigh ..."

Record review of the "Progress Notes" for Resident #87, revealed a "Physician Progress Note", dated 4/11/23 at 15:00 (3:00 PM) for " ...The resident states he is having pain to his left groin/thigh. He just completed antibiotic therapy for MRSA to his left groin/thigh wound where he has an artificial implant placed by the vascular surgeon ...The implant has given him trouble since insertion, and he was trying to get it removed when he was first admitted here last year. He had infection at that time and keep getting recurrent infection usually MRSA to this same area. Order placed to get him an appointment with (Proper Name of Physician) ASAP now that he has just completed another

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round of antibiotics on the 31st of March for MRSA. He is c/o pain to this area and leg ...Getting him to the surgeon for possible removal of this implant will be what will help him the most to get rid of his pain ...POC ...Get appointment with ...vascular surgeon ...as soon as possible to have artificial implant removed from Left Groin/Thigh.

During an interview on 05/04/23 at 10:48 AM, with the DON, she confirmed the residents' appointments with the vascular surgeon were changed several times because there were problems with both facility vans. The DON explained that one van was out of commision and the other van was in the shop being repaired. The DON said that she tried to rearrange several appointments and that Resident # 87's appointments "got lost in the cracks" because of all the appointments that had to be canceled. The DON said when she realized the resident's appointment was not made, she called the surgeon's office and asked the nurse to set up an appointment. She confirmed that the resident had complaints of pain and that he had been treated for infections twice since the implant was placed.

A record review of the "Admission Record" revealed the facility admitted Resident #87 on 07/06/2022, and he had diagnoses including Post-Traumatic Stress Disorder (PTSD) and Depression.

Record review of the Quarterly MDS with an ARD of 04/05/23 revealed Resident #87 had a BIMS score of 15, which indicated he was cognitively intact.

Record review of the "Microbiology" report for

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"Wound Cultures" collected 3/21/23 and reported 3/23/23 for Resident #87 revealed a specimen from the "Thigh" was collected and resulted in " ...Moderate Methicillin Resistant Staphylococcus aureus (MRSA)..."

Record review of the "Microbiology" report for "Wound Cultures" collected 4/11/23 and reported 4/15/23 for Resident #87 revealed a specimen was collected from the "Thigh" and resulted in "Light ...(MRSA) ..."

Resident #254

On 05/03/23 at 10:10 AM, during an interview with Registered Nurse (RN) #1, she explained Resident #254 was transferred to the hospital from a wound care appointment and has not returned to the facility. RN #1 stated that she scheduled Resident #254 for a wound care appointment on the 4/14/23, but the facility was unable to transport her because of transportation problems.

On 05/04/23 at 09:10 AM, during a phone interview with Resident #254's niece, she said she was not aware that Resident #254 had missed the wound care appointment scheduled on 4/14/23, but she was informed that the resident had an appointment scheduled for 04/18/23.

On 05/08/23 at 11:10 AM, during a phone interview with the local would care clinic, the staff revealed Resident #254 arrived for the wound appointment. Upon arrival, her vital signs were abnormal, she had a fever, and was lethargic, so the clinic sent her to the Emergency Room, and she was diagnosed with Sepsis.

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Record review of the "Progress Notes" for Resident #254 revealed a "Nursing Progress Note" dated 4/14/23 at 13:53 (1:53 PM) for "unable to take resident to wound care apt (appointment) today will contact family and wound care to reschedule".

Resident #34

During an interview on 5/3/23 at 3:30 PM, with the NP, she revealed Resident #34 had a suprapubic catheter placed on 3/24/23 and had orders to return to the Urology for a follow up on 4/19/23. The facility changed the appointment to 5/9/23 because of transportation issues and then changed it again to 5/11/23 due to continued transportation problems. The NP said that she called the Urologists' office on 4/25/23 to ask if she could change the suprapubic catheter since his appointment had been postponed due to transportation problems. The doctor replied, "Absolutely not." The doctor then said the resident needed to be in her office by tomorrow because she was concerned about the resident developing an infection. The NP said she took her phone to the Administrator and let him talk to the doctor. She said the Administrator called the facility's transportation staff and rearranged dialysis residents so the resident could be at the Urologists' office the following day. The NP said that if she had not called the doctor herself, the resident would not have had his newly placed suprapubic catheter changed timely.

During an interview on 05/14/23 at 08:16 AM, with Resident #34, he confirmed his follow up appointment was scheduled for 4/19/23 and the facility changed the appointment due to

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transportation issues. Resident #34 said he was told the facility van was in the shop and the facility had to reschedule his appointment to 5/9/23. He explained that later the staff came to him and said they had to change his appointment again to 5/11/23 because they were not sure when the van would be ready. Resident #34 said he was concerned because the doctor told him it was especially important for him to return for his follow up visit in a month.

Record review of the "Progress Notes" revealed Resident #34 had a "Physician Progress Note", dated 4/25/23 at 13:56 (1:56 PM), " ...He is concerned with his newly placed Suprapubic catheter needing changed as it was placed 3/24/23. He was told by (Proper Name of Physician) she would change it for the first time on his return visit for F/U, the appointment was made for 4/19/23, then changed by the facility because of transportation to 5/9/23 and then again because of transportation to 5/11/23. I called the nurse of (Proper Name of Physician) to question whether we, the staff of (Proper Name of Facility) or myself (NP) could change the catheter for the first time since his appointments had been postponed. The nurse states "No, the Dr. has to change it for the first time and he cannot wait until 5/11/23 for this to be done, as a matter of fact he needs to be in the office by tomorrow to get it done, as they are worried of an infection developing should he wait that long after surgery to have it changed or even see the Dr. for F/U after surgery. Spoke with Administrator ...he contacted the van driver and rearranged some dialysis transports and stated they can have the resident in Jackson ...at 2pm, the nurse put him on the book for 2pm tomorrow ..."

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Record review of the "Admission Record" revealed the facility admitted Resident #34 on 06/22/2020 with a diagnosis of Spina Bifida.

Record review of the Significant Change in Status MDS with an ARD of 02/20/23 revealed Resident #34 had a BIMS score of 15 which indicated he was cognitively intact.

During an interview on 5/3/23 at 2:00 PM, with the Chief Executive Officer (CEO) of the local ambulance company, he confirmed they required the facility to pay in advance for non-emergency transportation services.

During an interview on 05/04/23 at 08:07 AM, with the Medical Director (MD), he stated that he was told at the last Quality Assurance (QA) meeting that the facility had rescheduled some resident appointments because of transportation problems. The MD said he was told the facility had addressed the problem and it was resolved. The MD said he did not know that Resident #37 and Resident #81 had not been able to see their surgeons and recalled stating at that meeting that those residents needed to follow up immediately with their surgeons. The MD also stated that the residents not having transportation to appointments is unacceptable and must be taken care of immediately. The doctor said he thought the transportation problems were resolved.

During an interview on 05/04/23 at 09:24 AM, with CNA #1, she said she had been the van transportation driver and took residents to dialysis. CNA #1 confirmed the facility had communication problems with appointments because different nurses and the DON were making appointments. The resident appointments

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were clashing with each other which caused a lot of confusion and some residents missed appointments because they were scheduled at the same time.

During an interview on 05/04/23 at 09:58 AM, with CNA #2, he said he drives the facility's transportation van, but he does not schedule the appointments. CNA #2 stated the facility van was placed in the shop for repairs three (3) times since he started driving the van in February 2023. CNA #2 confirmed the facility rented a van, and dialysis residents were the top priority for transports. CNA #2 said this facility is too big for one van and needs two vans to meet the residents' needs.

On 05/04/23 at 11:58 AM, during an interview with the Administrator, revealed one van was disabled in February and the other van kept breaking down and was placed in the shop several times. The Administrator said he emailed his corporate office to let them know that he did not have transportation for the residents to go out to their appointments. He stated that he rented a van to help with dialysis appointments and some local appointments. The corporate office said they were working with the insurance company to try to get another van because the disabled van had not been replaced. The Administrator confirmed that one van could not take all the residents to dialysis and to local and out of town appointments.

The facility provided an acceptable Removal Plan which included:

Immediate Action started on 05/05/2023 at 12:23 PM:

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Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM.

Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM.

Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM.

On 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met to ensure the residents receive needed medical services to prevent future occurrences of neglect, to ensure that Comprehensive Care Plans are developed and implemented to include needed medical services as physician ordered, to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications, to prevent residents from experiencing avoidable loss of ROM, to ensure facility administration is administered in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents receiving physician ordered services, and to ensure an effective QAPI program is maintained. A Root Cause Analysis (RCA) was conducted and reviewed policies and procedures for changes. RCA revealed the policy was not followed and one of two vans was out of commission. RCA revealed former ED only rented a van for two weeks during the timeframe one van was out of commission and did not continue to rent a van nor secure other means of transportation even though Company approval was given.

Attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing

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(DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD). A review of policy and procedures were: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

On 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

On 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

On 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure

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the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

On 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

On 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.

On 05/05/2023 at 4:45 PM, MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received. Resident #254 is no longer in the facility as of 04/19/2023 related to transferred to the hospital.

On 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87.

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On 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services.

On 05/07/2023 at 4:45 PM, the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed.

On 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.

The facility alleges all corrective actions were completed to remove the immediacy on May 7, 2023, and the Immediate Jeopardy was removed May 8, 2023.

The State Agency (SA) validated the facility's Corrective Actions:
1.) The State Agency (SA) validated through record review Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM.

2.) The State Agency (SA) validated through record review Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM.

3.) The State Agency (SA) validated through record review Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM.

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4.) The State Agency (SA) validated through record review on 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met and covered needed medical services to prevent future occurrences of neglect, Comprehensive Care Plans, residents residing in the facility receive the outside medical services needed to prevent complications, facility administration and review of an effective QAPI program is maintained. The SA determined a Root Cause Analysis (RCA) was conducted and policies and procedures were reviewed for changes.

The SA determined attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD).

The SA determined a review of policy and procedures were performed for: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

5.) The State Agency (SA) validated through

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interviews on 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

6.) The State Agency (SA) validated through record review on 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

7.) The State Agency (SA) validated through interviews on 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

8.) The State Agency (SA) validated through interviews on 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

9.) The State Agency (SA) through interviews on 05/05/2023 at 4:20 PM, the RDCS initiated

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education with the RN MDS Nurses to ensure that Comprehensive Care Plans are developed and implemented to prevent further resident complications for residents' treatment related to a vascular implant and orthopedic and vascular appointments. No current staff or new hired staff will work without the aforementioned education.

10.) The State Agency (SA) through interviews on 05/05/2023 at 4:30 PM, the DON initiated education to licensed nurses to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications. No current staff or new hired staff will work without the aforementioned education.

11.) The State Agency (SA) through interviews on 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.

12.) The State Agency (SA) validated through record review on 05/05/2023 at 4:45 PM, that the MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received.

13.) The State Agency (SA) validated through interviews/record review on 05/07/2023 at 8:00 AM, RDCS 1, RDCS 2, RDCS 3 (Regional Director of Clinical Services 3), and RN Treatment Nurse completed assessments on current residents to ensure medical stability and not requiring a transfer to a higher level of care.

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F 600	Continued From page 25 The SA validated no residents at risk were identified. 14.) The State Agency (SA) validated through record review on 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87. 15.) The State Agency (SA) validated through observation/interviews and record review on 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services. 16.) The State Agency (SA) validated through interviews on 05/07/2023 at 4:45 PM, that the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed. 17.) The State Agency (SA) validated through record review on 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.	F 600		
F 656 SS=J	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)	F 656		6/2/23

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§483.21(b) Comprehensive Care Plans
§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the

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F 656	Continued From page 27 requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to develop or implement a comprehensive care plan for residents with a Supra-Pubic Catheter, diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF), Range-of-Motion (ROM) related to an Orthopedic Brace, Treatment related to a Vascular Implant, and Orthopedic, Wound and Vascular Appointments for five (5) of 24 care plans reviewed. Resident #31, Resident #34, Resident #75, Resident #87, and Resident #254. Serious harm occurred as a result of the facility's failure to develop or implement a Comprehensive Care Plan which resulted in decreased mobility for Resident #31, hospitalization for Resident #75, a wound infection for Resident #87, and sepsis for Resident #254. There was a likelihood of harm for Resident #34 due to a delay in changing a supra pubic catheter. The facility's failure to develop or implement care plan interventions placed these residents, and other residents who are at risk in a situation that was likely to cause serious harm, injury, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 11/21/22 when Resident #87 was referred to a vascular surgeon and the facility did not follow physician's orders.	F 656	1) Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) and based on findings: Resident #75's Care Plan was updated on 05/07/2023 to include measurable objectives and timetable to meet residents medically necessary services and appointments related to Congestive Heart Failure(CHF) and Chronic Obstructive Pulmonary Disease(COPD). Resident #31's Care Plan was updated on 05/07/2023 to include measurable objectives and timetable to meet residents medically necessary services and appointments related to leg brace, decreased Range Of Motion(ROM) and decreased mobility. Resident #34's Care Plan was updated on 05/07/2023 to include measurable objectives and timetable to meet residents medically necessary services and appointments related to newly placed Suprapubic catheter. Resident #87's Care Plan was updated on 05/07/2023 to include measurable objectives and timetable to meet residents medically necessary services and appointments related to surgical implant wound to left thigh and preventing infection. Resident #254's Care Plan was updated	

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F 656	Continued From page 28 The Facility Administrator was notified of the IJ on 5/5/23 at 12:23 PM and provided an IJ Template. The facility provided an acceptable Removal Plan on 5/7/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ was removed on 5/8/23. The State Agency (SA) validated the Removal Plan on 5/9/23 and determined the IJ was removed on 5/8/23, prior to exit. Therefore, the scope and severity for 42 CFR 483.21 (b)(1)(i) Comprehensive Care Plan, F656 was lowered from a "J" to a scope and severity of a "D", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: A review of the facility's Policy, "Plans of Care" revised 9/25/2017, revealed, "Policy: An individualized person-centered plan of care will be established by the interdisciplinary team (IDT) with the resident and/or resident representative(s) to the extent practicable and updated in accordance with state and federal regulatory requirements ...Procedure: Develop a comprehensive plan of care for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing ...needs that are identified in the comprehensive assessment ...Develop and implement an individualized Person-Centered comprehensive plan of care by the interdisciplinary team that includes ...The Individualized Person Centered plan of care may include but is not limited to the following ...Services to attain or maintain the resident's highest practicable physical, mental ...well-being	F 656	on 05/07/2023 to include measurable objectives and timetable to meet residents medically necessary services and appointments related to wound care appointments to prevent sepsis. 2) On 05/07/2023, Minimum Data Set (MDS) Registered Nurse conducted a quality review of care plans to ensure Care Plan is developed and implemented to include residents medically necessary service and appointments as interventions to prevent complications related to CHF, COPD, decreased mobility or ROM related to leg brace, suprapubic catheter, surgical implant infection, or wound infection. Current residents have the potential to be affected. 3) Education with current MDS Nurses and Licensed Nurses was conducted by the Regional Director of Clinical Services(RDCS) on 05/05/2023 on ensuring a Comprehensive Care Plan is developed and implemented to prevent further complications for residents with CHF, COPD, decreased mobility or ROM related to leg brace, suprapubic catheter, surgical implant infection, or wound infection to include medically necessary appointments. New hires will be educated in orientation. 4) DON or MDS Nurse will monitor Comprehensive Care Plans for 10	

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F 656	Continued From page 29 as required by state and federal regulatory requirements ..." Resident #75 Record review of the medical record revealed there was no Comprehensive Care Plan developed for Resident #75 that included measurable objectives and timetables to meet the resident's medical or nursing needs related to the resident's diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF). Review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date of 3/29/23, revealed Resident #75 had Active Diagnoses including Heart Failure and Respiratory Failure and had additional active diagnoses of Chronic Obstructive Pulmonary Disease. Record review of the "Admission Record" revealed the facility admitted Resident #75 on 9/12/22 and she had diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Morbid Obesity, and Diastolic Congestive Heart Failure. Resident # 31 Record review of the medical record revealed there was no Comprehensive Care Plan developed for Resident #31 to meet the resident's medical or nursing needs to address his left lower leg related to Range of Motion, his Bregg brace and Othropedic appointments. A record review of the "Admission Record" revealed the facility admitted Resident #31 on	F 656	residents 3 times weekly for 1 month, then weekly for 1 month, and then monthly for 2 months to ensure a Comprehensive Care Plan is developed and implemented to prevent further complications for residents with CHF, COPD, decreased mobility or ROM related to leg brace, suprapubic catheter, surgical implant infection, or wound infection to include medically necessary appointments. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly starting 05/30/2023 for four months. Monitoring schedule will be revised based on findings.	

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1/31/23 with diagnoses including Displaced Fracture of Right Femur and Encounter for Orthopedic aftercare following surgical amputation.

Resident #34

Record review of the medical record revealed there was no Comprehensive Care Plan developed for Resident #34 that included measurable objectives and timetables to meet the resident's medical or nursing needs related to a newly placed suprapubic catheter.

Record review of the "Procedure Note", dated 3/24/23, revealed Resident #34 had a procedure for " ...placement of 16 french SPT (Suprapubic Tube) ..."

Record review of the "Admission Record" revealed the facility admitted Resident #34 on 06/22/2020 with a diagnosis of Spina Bifida.

Resident #87

Record review of the Comprehensive Care Plan with a "Focus" of "The resident has a surgical wound of the left thigh R/t (related to) infected graft wound" revealed Resident #87 had an "Intervention/Tasks" of "Administer treatments as ordered ..."

Record review of the "Order Summary Report" dated 5/3/23, revealed Resident #87 had a Physician's Order, dated 11/21/22, for "refer to (Proper Name of Physician) vascular surgeon at (Proper Name of Medical Clinic), a Physician's Order, dated 3/17/23, for "Get appointment with physician at (Proper Name of Medical Clinic)

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...ASAP (as soon as possible) ...related to Unspecified Open Wound, Left Thigh ...", and a Physician's Order, dated 4/11/23, for "Get appointment with (Proper Name of Physician) vascular surgeon ...as soon as possible to have artificial implant removed from Left Groin/Thigh ..."

A record review of the "Admission Record" revealed the facility admitted Resident #87 on 07/06/2022, and he had diagnoses including Post-Traumatic Stress Disorder (PTSD) and Depression.

Resident #254

Record review of the Comprehensive Care Plan with a "Focus" of "The resident has a (stage 4) pressure injury (sacrum) r/t disease process ..." revealed Resident #254 had "Intervention/Tasks" of "Administer treatments as ordered ..."

Record review of the "Progress Notes" for Resident #254 revealed a "Nursing Progress Note" dated 4/14/23 at 13:53 (1:53 PM) for "unable to take resident to wound care apt (appointment) today will contact family and wound care to reschedule".

Record review of the "Admission Record" revealed the facility admitted Resident 2354 on 4/14/22 with diagnoses including End Stage Heart Failure and Type 2 DM.

During a phone interview on 05/05/23 at 02:50 PM, with RN, #2, who is the MDS/Care Plan nurse, she stated that she no longer worked for the facility as of 5/4/23. She explained there had always been three (3) nurses in the MDS/Care

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Plan office, but since the end of last year (2022), she had been in the office alone and had to complete all the care plans and the MDS assessments for the residents. RN #2 said that she was out in December and had not been able catch up with all the care plans. RN #2 said that at the end of March 2023, another nurse was hired for the MDS/Care Plan office, but both have had to work the floor and cart and have not been able to get caught up on all the care plans. RN #2 explained the purpose of the care plans was to provide a plan of care for the residents and she expected the staff to follow the care plans as indicated to provide residents with quality care and to meet their needs. RN #2 confirmed all residents should have individualized care plans to meet their needs.

During an interview on 05/05/23 at 03:30 PM, with the Director of Nursing (DON), she said that due to staffing issues, both the MDS/Care Plan nurses have had to work the floor and cart lately. She explained she expected all staff members to develop and follow the care plans to meet the needs of all residents.

The facility provided an acceptable Removal Plan which included:

Immediate Action started on 05/05/2023 at 12:23 PM:

Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM.

Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM.

Resident # 87 had a vascular stent removed on

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05/04/2023 at 5:30 AM.

On 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met to ensure the residents receive needed medical services to prevent future occurrences of neglect, to ensure that Comprehensive Care Plans are developed and implemented to include needed medical services as physician ordered, to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications, to prevent residents from experiencing avoidable loss of ROM, to ensure facility administration is administered in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents receiving physician ordered services, and to ensure an effective QAPI program is maintained. A Root Cause Analysis (RCA) was conducted and reviewed policies and procedures for changes. RCA revealed the policy was not followed and one of two vans was out of commission. RCA revealed former ED only rented a van for two weeks during the timeframe one van was out of commission and did not continue to rent a van nor secure other means of transportation even though Company approval was given.

Attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA),

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Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD). A review of policy and procedures were: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

On 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

On 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

On 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

On 05/05/2023 at 4:00 PM, the DON initiated

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education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

On 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.
On 05/05/2023 at 4:45 PM, MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received. Resident #254 is no longer in the facility as of 04/19/2023 related to transferred to the hospital.

On 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87.

On 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services.

On 05/07/2023 at 4:45 PM, the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and

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transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed.

On 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.

The facility alleges all corrective actions were completed to remove the immediacy on May 7, 2023, and the Immediate Jeopardy was removed May 8, 2023.

The State Agency (SA) validated the facility's Corrective Actions:

1.) The State Agency (SA) validated through record review Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM.

2.) The State Agency (SA) validated through record review Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM.

3.) The State Agency (SA) validated through record review Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM.

4.) The State Agency (SA) validated through record review on 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met and covered needed medical services to prevent future occurrences of neglect, Comprehensive Care Plans, residents residing in the facility receive the outside medical services needed to prevent complications, facility administration and review of an effective QAPI

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program is maintained. The SA determined a Root Cause Analysis (RCA) was conducted and policies and procedures were reviewed for changes.

The SA determined attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD).
The SA determined a review of policy and procedures were performed for: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

5.) The State Agency (SA) validated through interviews on 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

6.) The State Agency (SA) validated through

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record review on 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

7.) The State Agency (SA) validated through interviews on 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

8.) The State Agency (SA) validated through interviews on 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

9.) The State Agency (SA) through interviews on 05/05/2023 at 4:20 PM, the RDCS initiated education with the RN MDS Nurses to ensure that Comprehensive Care Plans are developed and implemented to prevent further resident complications for residents' treatment related to a vascular implant and orthopedic and vascular appointments. No current staff or new hired staff will work without the aforementioned education.

10.) The State Agency (SA) through interviews on

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05/05/2023 at 4:30 PM, the DON initiated education to licensed nurses to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications. No current staff or new hired staff will work without the aforementioned education.

11.) The State Agency (SA) through interviews on 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.

12.) The State Agency (SA) validated through record review on 05/05/2023 at 4:45 PM, that the MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received.

13. The State Agency (SA) validated through interviews/record review on 05/07/2023 at 8:00 AM, RDCS 1, RDCS 2, RDCS 3 (Regional Director of Clinical Services 3), and RN Treatment Nurse completed assessments on current residents to ensure medical stability and not requiring a transfer to a higher level of care. The SA validated no residents at risk were identified.

14. The State Agency (SA) validated through record review on 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent

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F 656	Continued From page 40 requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87. 15. The State Agency (SA) validated through observation/interviews and record review on 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services. 16. The State Agency (SA) validated through interviews on 05/07/2023 at 4:45 PM, that the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed. 17. The State Agency (SA) validated through record review on 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review the facility failed to provide assistance with bathing for three (3) of 24	F 677	1) Root Cause Analysis conducted by the Interdisciplinary Team (IDT) on 5/11/2023, Root Cause identified that	6/2/23

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F 677	Continued From page 41 residents reviewed for Activities of Daily Living (ADLs). Resident #31, Resident #71, and Resident #254. Findings include: A record review of the facility's policy "Activities of Daily Living", dated 01/01/2022, revealed, "Policy: To encourage resident choice and participation in activities of daily living (ADL) and provide ...assistance as necessary. ADLs include bathing ...Procedure: 1. CNA (Certified Nurse Aide) will review the resident Kardex for information on individual care needs and preferences ..." Resident #31 On 05/05/23 at 09:00 AM, during an interview with Resident #31, he stated, "I have not had a shower since I was admitted to the facility on 01/31/23." He explained that the facility provided perineal care when he needed it, but it was not a complete bed bath. He reported that he had asked for a bed bath, even though he should not have had to do so. He further explained that prior to his admission to the facility, he was homeless, and he had gotten "more baths on the street than he had at the facility." On 05/05/23 at 09:20 AM, in an interview with CNA #3 regarding Resident #31, she stated the facility did not have a bath schedule, so she made her own schedule. She stated that residents should get a bed bath daily and she thought residents would feel "awful" if they did not. On 05/05/23 at 9:50 AM, during an interview with Licensed Practical Nurse (LPN) #3, she stated	F 677	Certified Nursing Assistants failed to provide assistance with bathing for dependent residents and based on findings Resident #31 and Resident #71 were interviewed by Social Services Director on 5/11/2023 to determine bathing preference. Resident #31 and #71's Care Plan and Kardex were updated 5/23/2023 with bathing preference. Resident #31 and #71 were assessed by Regional Director of Clinical Services(RDCS) on 5/11/2023 to ensure proper hygiene. Resident #254 was discharged from the facility on 05/04/2023. 2) Quality Review of current residents bathing was conducted by the Regional Director of Clinical Services (RDCS) on 05/11/23 to ensure residents that are unable to perform activities of daily living are provided necessary services to maintain good grooming and personal hygiene. Residents unable to perform their own activities of daily living have the potential to be affected. 3) Education was initiated on 05/09/2023 by the RDCS and will be completed by 06/02/2023 on "Bathing/Showering" policy with emphasis on assisting in bathing for Residents that are unable to perform activities of daily living on their own to ensure necessary services are provided to maintain good grooming and personal hygiene. Residents bathing schedules were updated in Care Plan and Kardex on	

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F 677	Continued From page 42 that Resident #31 was not able to get up for showers and he required a bed bath only. She explained that residents who were only able to get a bed bath should get a "head-to-toe" bath daily. A record review of the "Admission Record" revealed Resident #31 was admitted by the facility on 01/31/2023 with a diagnosis of Displaced Supracondylar Fracture. A record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/07/2023 revealed Resident #31 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. A review of Section G revealed he was dependent upon staff for bathing. A record review of the "Documentation Survey Report" for April 2023, with an "Intervention/Task" of "ADL-Bathing ..." revealed Resident #31 received a bed bath on 04/07/2023, 04/08/2023 on day and evening shift, 04/10/2023, 04/17/2023, 04/18/2023 on day and evening shift, 04/19/2023 on day and evening shift, 04/21/2023 on day and evening shift, 04/29/2023, and 04/30/2023, which indicated that he did not receive a bed bath daily. Resident #71 On 05/08/23 at 11:15 AM, during an interview with Resident #71, he stated that he wanted a shower because it had "been a few days" since he had been to the shower. He said he wanted to have his showers performed regularly and because it had been too many days since his last shower, he would "wash himself off in the sink."	F 677	5/7/23 by RDCS#1 and RDCS#2. New hires will be educated in orientation. 4) RDCS or Director of Nursing(DON) will monitor bathing of 10 residents through interview and audit of bathing documentation 3 times weekly for 1 month, then weekly for 1 month, and then monthly for 2 months beginning 05/09/2023 to ensure that residents that are unable to perform activities of daily living are provided necessary services to maintain good grooming and personal hygiene. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly starting 05/30/2023 for four months. Monitoring schedule will be revised based on findings.	

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On 05/08/23 at 11:30 AM, during an interview with CNA #5, she reviewed the Kardex and explained Resident #71 was scheduled for a shower on the 3-11 shift, which was not the scheduled shift in which she worked.

On 05/08/23 at 02:30 PM, during an interview with CNA #6, she explained the facility previously had a shower list, but now the staff followed the resident's Kardex to determine the shower days.

A record review of the "Admission Record" revealed the facility admitted Resident #71 on 04/30/21 with a diagnosis of Hemiplegia and Hemiparesis.

A record review of the Annual MDS with an ARD of 04/17/2023 revealed Resident #71 had a BIMS score of 14, which indicated he was cognitively intact. A review of Section G revealed that personal hygiene activity occurred only once or twice during the seven (7) day lookback period.

A record review of the "Documentation Survey Report" for April 2023, with an "Intervention/Task" of "ADL-Bathing ..." revealed Resident #71 had one (1) bath on 04/18/2023 for the month of April.

Resident #254

On 05/04/23 at 08:50 AM, during a phone interview with Resident #254's Resident Representative (RR), he explained that the resident was currently in the hospital and had been in the hospital since 04/18/2023. He stated the resident had complained to him that she did not get baths or showers.

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On 05/04/23 at 09:10 AM, during a phone interview with Resident #254's niece, she complained the facility had not been providing baths for the resident. She had asked the facility to call her and let her know of any refusals, and she would talk to her aunt. She stated that her aunt had told her that she went days without a bath or shower, and she (the niece) had observed the resident wearing the same clothes for days at a time.

On 05/04/23 at 10:00 AM, during an interview with CNA #7, she reported that Resident #254 had never refused a bath.

Record review of the "Admission Record" revealed the facility admitted Resident #254 on 03/22/2021 and readmitted her on 04/14/2022 with diagnoses including End Stage Heart Failure, Schizophrenia, and Type 2 Diabetes Mellitus without Complications.

A record review of the Annual MDS with an ARD of 04/10/2023 revealed Resident #254 had a BIMS score of 15, which indicated she was cognitively intact. Review of Section G revealed she was totally dependent on staff for bathing.

A record review of the "Documentation Survey Report" for April 2023, with an "Intervention/Task" of "ADL-Bathing ..." revealed there was no documentation that Resident #254 received a bath on 04/07/2023, 04/08/2023, 04/09/2023, 04/13/2023, 04/14/2023, 04/15/2023, 04/16/2023, and 04/17/2023.

On 05/03/23 at 03:05 PM, during an interview with CNA #9, she explained the bath schedules for the residents were located on the Kardex

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F 677	Continued From page 45 Task. She said the facility did not have a separate bath or shower schedule and CNA #9 commented that she "tries to give all her residents a bed bath daily." On 05/08/23 at 11:53 AM, during an interview with the Director of Nursing (DON) she explained that a bed bath consisted of a head-to-toe bath and that bed baths should be completed every day. She further explained that the nurses should follow up to ensure that the baths are completed. On 05/08/23 at 02:00 PM, during an interview with the DON, she presented a handwritten bath schedule, revised 1/10/23, and stated the facility staff used the schedule to perform showers and bathing, but was unsure if the CNAs followed schedule or if they solely used the Kardex to perform baths. She explained that when a resident refused a shower, the staff would try and talk to the resident, and would document the refusal in the Tasks on the Kiosk. She stated that she expected all staff to follow the resident's bath schedule and for residents to receive baths.	F 677		
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent	F 686		6/2/23

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F 686	Continued From page 46 with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure a resident received necessary treatment and services to promote the healing of a pressure ulcer and prevent an infection for one (1) of two (2) residents reviewed for pressure wounds. Resident #254 Findings include: A record review of the facility's policy "Skin and Wound," with a revision date of 01/24/2022 revealed, "Policy: To provide a system for identifying risk, and implementing resident centered interventions to promote skin health, prevention, and healing of pressure injuries. Process: ... Skin Impairment Identification: ... 4. Refer to Therapy as appropriate. 5. Monitor residents' response to treatment, modify as indicated ..." On 05/03/23 at 10:10 AM, during an interview with the Wound Care Nurse/Registered Nurse (RN) #1, she explained Resident #254 was sent to the hospital from the wound care appointment on 04/19/2023 and remains in the hospital. She revealed she had referred Resident #254 to the local hospital wound clinic, due to a large infected sacral wound. She stated Resident #254 had previously been scheduled for a wound care appointment on the 14th of April, but due to lack of transportation, the appointment was rescheduled for 04/19/2023.	F 686	1) Resident #254 discharged from facility on 04/19/2023. 2) On 05/05/2023, the Regional Director of Clinical Services(RDCS) and Licensed Practical Nurse (LPN)#1 through observation conducted a quality review of all current resident physician orders for medically necessary appointments or consults to identify any other residents affected by the deficient practice. On 05/07/2023, RDCS1, RDCS2 and LPN 1 conducted a 100% quality review of residents body audits to ensure a resident received necessary treatment and services to promote the healing of a pressure ulcer and prevent an infection, to identify any other residents affected by the deficient practice. Current residents with physician orders for medically necessary appointments and necessary treatment and services related to wound care have the potential to be affected. 3) On 05/07/2023, the RDCS educated the ED, Director of Nurses(DON), Medical Records(MR) Nurse, and Licensed Social Worker(LSW) on the medically necessary services consult and appointment process	

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F 686	Continued From page 47 On 05/04/23 at 08:50 AM, during a telephone interview with Resident #254's Resident Representative (RR), he explained since admission to the facility, the resident has been hospitalized several times for wound infections. The RR revealed the resident's wounds would improve during the hospitalization, however, when she returned to the facility, the wounds would always get worse. On 05/04/23 at 09:10 AM, during a telephone interview with Resident #254's niece, she explained the resident is in the hospital and the wounds are being treated. The niece complained the facility has not been taking good care of the resident and that she had even taken pictures of the resident's wound dressings, showing that they had not been changed in a couple of days. The niece revealed that as the resident's wounds continued to worsen, she had tried to talk to the Director of Nurses (DON), wound care nurse, and the floor nurse about her concerns, no one would talk to her, and everyone blamed each other. On 05/04/2023 at 10:15 AM, during an interview with the Director of Nursing (DON), she confirmed Resident #254 did acquire wounds in the facility and that the wounds continued to deteriorate. She confirmed Resident #254 was transported to the wound care clinic via ambulance on 04/19/2023. On 05/04/23 at 10:50 AM, during an interview with RN #1/Wound Care Nurse, she confirmed Resident #254 missed her first wound care clinic appointment on 04/14/2023 due to facility transportation problems of not having a van to take the resident. She confirmed Resident #254's wound on her sacrum started out very small but	F 686	to ensure physician ordered medical services are scheduled and transportation is provided. Once consult or appointment order is received the MR Nurse will place the consult or appointment on the Appointment/Consult Log. Appointments will be made by the MR Nurse, LSW, or DON to ensure transportation schedule is confirmed. If a resident requires non-emergent ambulance transport, the ED will be notified to ensure transportation services are scheduled. Once appointment is met it will be indicated on the Appointment /Consult Log. Education was conducted with current staff on "Abuse, Neglect, Exploitation & Misappropriation" with emphasis on providing medically necessary services to a resident to avoid physical harm, pain, mental anguish, or emotional distress. Education was conducted on 05/05/2023 by the DON. Education was conducted with current licensed nurses on "Skin and Wound" with emphasis on providing a resident received necessary treatment and services to promote the healing of a pressure ulcer and prevent an infection. Education was conducted on 05/05/2023 by the DON. New hires will be educated in orientation. 4) ED or DON will monitor medically necessary appointments for 10 residents 3 times weekly for 1 month, then weekly	

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(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 686	Continued From page 48 has now progressed to a large wound, with large amounts of drainage, and wound stayed infected. She confirmed Resident #254 had asked to go to the hospital on 04/14/2023 but was not sent until 04/19/2023 for a wound care clinic appointment. On 05/05/23 at 01:45 PM, during an interview with the DON, she explained the facility has no records of the resident's visit to the (Proper Name Wound Care Clinic) because when she phoned the clinic, she was informed the clinic has no documentation on the visit, as upon arrival to the clinic, the patient was lethargic and when vitals were taken, the resident went straight to the Emergency Room. On 05/08/23 at 11:10 AM, during a telephone interview with the local wound care clinic, the clinic staff explained when Resident #254 arrived for the wound appointment, her vital signs were taken, and the resident was immediately sent to the Hospital Emergency Room, as the resident had an elevated temperature and was lethargic. Record review of Resident #254's "Admission Record" revealed the facility initially admitted the resident on 03/22/2021 and readmitted on 04/14/2022 with the diagnoses of End Stage Heart Failure, Schizophrenia, Unspecified, and Type 2 Diabetes Mellitus without Complications. Record review of Resident #254 "Order Summary Report" dated 05/03/2023 revealed, orders for " ... consult (Proper Name Wound Care) for worsening of Stage 4 to sacrum with order date 04/10/2023" and an order dated 04/14/2023 revealed, "wound care clinic apt (appointment) rescheduled to 04/19/2023 at 08:30 AM ..."	F 686	for 1 month, and then monthly for 2 months beginning 05/05/2023 to ensure appointments are scheduled, transportation arrangements scheduled, and resident attends appointments. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly starting 5/30/2023 for 4 months. Monitoring schedule will be revised based on findings. DON or treatment nurse will monitor wounds through observation and chart review for 10 residents weekly for 1 month, then monthly for 2 months beginning 05/05/2023 to ensure resident receives care and services to promote healing of pressure ulcers and prevent infection. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly starting 5/30/2023 for 4 months. Monitoring schedule will be revised based on findings.	

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F 686	Continued From page 49	F 686		

A record review of Resident #254's "Progress Notes *NEW*" dated 05/05/2023 revealed on 04/14/2023 at 01:53 PM " ... unable to take resident to wound care apt (appointment) today will contact family and wound care to reschedule ..." with author RN#1. A note dated 04/14/2023 at 06:40 PM revealed " ... nurse ... educated the resident on the importance of allowing the facility to take care of her wounds and start her on antibiotics ... resident refused stating she doesn't trust anyone here she wants the hospital to give her the antibiotics ..." Progress note dated 04/19/2023 at 09:30 AM revealed " ... Res (resident) transferred to hosp (hospital) per Proper Name (ambulance) via stretcher at this time for wound care appt (appointment) ..."

A record review of Resident #254's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/10/2023, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Section M revealed Resident #254 had two (2) Stage 2, one (1) Stage 4, and two (2) Unstageable pressure wounds.

A record review of Resident #254's "Pressure Ulcer Wound Rounds" dated 04/07/2023 and 04/13/2023 revealed effective date 04/07/2023 at 12:12 PM sacrum pressure wound had measurements 15.6 centimeters (cm) length x width 12.9 cm x depth 3.9 cm Stage IV had wound bed with slough that was yellow in color with a large amount of yellow purulent drainage with odor. Assessment with effective date 04/13/2023 at 01:18 PM revealed sacrum pressure wound had measurements of 18.0 cm x 16.6 cm and 0.5 cm Stage IV and continued to have a wound bed with yellow slough in color with a large amount of yellow purulent drainage with

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F 686	Continued From page 50 odor. By comparison, of the last two (2) assessments of the Stage IV sacrum revealed the wound had continued to increase in size. A record review of Resident #254's hospital records dated 04/19/2023, with a chief complaint of Decubitus ulcer revealed " ...The patient is a nursing home resident. She went to wound care and she was found to be tachycardic (high heart rate) and febrile (had a fever). Patient was sent to ER (emergency room). The patient is complaining of pain in her wounds ... In the ER, the patient was hypotensive (had low blood pressure), tachycardia, and tachypneic (breathing fast). Her work-up cell count was 24,000. She was admitted ... A: Sepsis secondary to multiple decubitus ulcers ... P. Unstageable sacral decubitus ulcer 20 x 30 centimeters in area. Wound culture of her sacral decubitus ulcer is ordered. Cultures are taken x2. General surgery is consulted for debridement ..."	F 686		
F 835 SS=K	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and job description review, the facility's administration failed to use its resources effectively to ensure residents received physician-ordered services for five (5) of 24 residents reviewed, with the likelihood to affected any resident who needed	F 835	1) Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) and based on findings. Resident #31 was screened by Physical Therapy(PT) on 05/07/2023 and physician	6/2/23

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F 835	Continued From page 51 outside transportation. Resident #31, Resident #34, Resident #75, Resident #87, and Resident #254. Serious harm occurred as a result of the facility's Administration's failure to ensure residents received physician-ordered services which caused Resident #31 to have decreased mobility, Resident #75 to be hospitalized, Resident #87 to have a wound infection, and Resident #254 to have sepsis. There was a likelihood of harm for Resident #34 due to a delay in changing a newly placed supra pubic catheter. The failure placed these residents, and other residents who are at risk in a situation that was likely to cause serious harm, injury, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 11/21/22 when Resident #87 was referred to a vascular surgeon and the facility did not follow physician's orders. The Facility Administrator was notified of the IJ on 5/5/23 at 12:23 PM and provided an IJ Template. The facility provided an acceptable Removal Plan on 5/7/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ was removed on 5/8/23. The State Agency (SA) validated the Removal Plan on 5/9/23 and determined the IJ was removed on 5/8/23 prior to exit. Therefore, the scope and severity for 42 CFR 483.70 Administration, F835 was lowered from a "K" to a scope and severity of a "E", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.	F 835	orders noted for "Physical Therapy to treat 5 times a week x 30 days include: therapeutic exercises, therapeutic activities, neuromuscular education, wheelchair training, manual therapy, group therapy, and electrical stimulation". Resident #31 was screened by Occupational Therapy(OT) on 05/09/2023 and physician orders noted for "Occupational Therapy to treat 3 times a week x 4 weeks for therapeutic exercises, therapeutic activities, self-care, neuromuscular education, manual therapy, group therapy, modalities as needed(prn), splinting and patient/caregiver education". An Orthopedic appointment was made for Resident #31 for 07/31/2023 at 8:00 AM. Transportation for the Orthopedic appointment was scheduled with local ambulance service on 05/09/2023 by the Executive Director(ED). Resident #31's Care Plan was updated to include medically necessary appointments as an intervention to prevent decreased range of motion and mobility. Resident #75 had a Cardiology appointment was scheduled for 05/23/2023 at 1:00 PM. Pulmonology appointment was scheduled for 06/19/2023 at 4:00 PM. Cardiology and Pulmonology appointments for Residents #75 were scheduled with the local ambulance company on 05/09/2023 by the ED. Resident # 75's Care Plan was updated to include medically necessary appointments as an intervention to prevent Congestive Heart Failure. Resident #87 was transferred to	

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F 835	Continued From page 52 Findings include: A review of the job description entitled "Executive Director I" documented, " ...The primary purpose of the Executive Director is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines and regulations that govern nursing facilities to ensure that the highest degree of quality care can be always provided to our residents at all times ...you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties ... Responsible for day-to-day clinical and administrative activities of the facility ...Duties and Responsibilities ... Schedule regular meeting with direct report staff to provide supervision, ensure communication and to monitor facility operations ...Support and guide the facility's quality improvement process ...Attend to overall operation of the facility ..." On 05/04/23 at 03:40 PM, in an interview with the Administrator regarding transportation issues and residents missing outside medical appointments, he revealed that the local ambulance service had stopped all non-emergency transportation in June of 2022, when he first started working at the facility. He also revealed one of the facility's vans broke down in February 2023, due to an automobile accident and the facility's second van kept breaking down and needing repairs. He explained the facility had to move outside appointments around during this time, due to the lack of transportation. The Administrator confirmed that he had notified the Corporate office of the facility's issues with transportation and was told that they were working with the insurance company to purchase a replacement	F 835	appointment with vascular surgeon in the facility van on 05/04/2023 and had left groin artificial implant removed. Follow-up appointment was been scheduled for 05/23/2023 at 9:15 AM. Physical Therapy(PT) evaluated and treated Resident #87 on 05/07/2023 for gait training for abnormal gait and use of assistive device to increase mobilization. Resident #87's Care plan was updated to include medically necessary appointments as an intervention to prevent the infection of resident's vascular implant. Resident #254 was transported by an ambulance on 04/19/2023 to the local wound care clinic. Resident was transferred from there to the hospital and was discharged from facility on 05/04/2023. Resident #254's Care Plan was updated to include medically necessary appointments as an intervention to prevent hospitalization for sepsis related to a wound. Resident #34 was transported by the facility van to his Urology appointment to have suprapubic catheter removed and had a follow up appointment on 05/09/2023 with Urologist. Resident #34's Care Plan was updated to include medically necessary appointments. Resident #34's Care Plan was updated to include medically necessary appointments as an intervention to prevent infection related to suprapubic catheter. On 05/07/2023 at 4:30 PM, the Regional Plant Operations Director(RPOD) delivered an additional wheelchair accessible van for the facility to maintain	

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F 835	Continued From page 53 van. He explained that the corporate office had rented a van, but only for a few weeks and there were several times that he had no other option than to use the local ambulance company for non-emergent transportation for dialysis residents and had to pay between $400-800 out of his pocket and wait for the corporate office to reimburse him. The Administrator noted when the physicians wrote orders for appointments, the Director of Nurses (DON) would set up the appointments. However, due to lack of transportation, many times the scheduled appointments had to be canceled and re-scheduled. The Administrator confirmed he informed the Regional Vice President of Operations (RVPO) of every issue. However, he could not afford to continue to pay for transportation out of his pocket and the corporate office had not directed him to rent a van. On 05/04/23 at 4:40 PM, in an interview with the Director of Nurses (DON), she confirmed she set up all the physician appointments. She stated that many times the re-scheduled appointments had to be canceled due to lack of transportation. The DON revealed she informed the Administrator of all missed appointments. On 05/08/23 at 5:00 PM, in an interview with the RVPO, she confirmed she was informed when the van was disabled on 2/10/23. She stated she told the Administrator to schedule appointments as needed and use petty cash or pay for the non-emergent transportation with the local ambulance company and fill out expense report. She stated the expense report takes one week to one and half weeks to reimburse. She stated she was not aware of residents missing appointments. She stated the Administrator did	F 835	effective transportation for physician ordered medically necessary appointments. A new Executive Director was hired on 05/08/2023 to ensure the facility uses its resources effectively to ensure residents received physician-ordered services related to outside medical services for residents. The facility administration is to ensure in a manner that enable the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. 2) On 05/05/2023, the Regional Director of Clinical Services(RDCS) and Licensed Practical Nurse(LPN) 1 conducted a quality review of current resident physician orders for medically necessary appointments or consults to identify any other residents affected by the deficient practice. Current residents with physician orders for medical necessary appointments have the potential to be affected. 3) On 05/05/2023, the Regional Vice President of Operations(RVPO) initiated education with the Executive Director(ED) and Director of Nursing(DON) to ensure administration uses resources to effectively maintain the highest practicable physical well-being and provide medically necessary physician ordered services .	

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F 835	Continued From page 54 not follow company policy. The facility provided an acceptable Removal Plan which included: Immediate Action started on 05/05/2023 at 12:23 PM: * Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM. * Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM. * Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM. * On 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met to ensure the residents receive needed medical services to prevent future occurrences of neglect, to ensure that Comprehensive Care Plans are developed and implemented to include needed medical services as physician ordered, to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications, to prevent residents from experiencing avoidable loss of ROM, to ensure facility administration is administered in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents receiving physician ordered services, and to ensure an effective QAPI program is maintained. A Root Cause Analysis (RCA) was conducted and reviewed policies and procedures for changes. RCA revealed the policy was not followed and one of two vans was out of commission. RCA revealed former ED only rented a van for two	F 835	On 05/07/2023, the RDCS educated the ED, DON, Medical Records(MR) Nurse, and Licensed Social Worker(LSW) on the medically necessary services consult and appointment process to ensure physician ordered medical services are scheduled and transportation is provided. Once consult or appointment order is received the MR Nurse will place the consult or appointment on the Appointment/Consult Log. Appointments will be made by the MR Nurse, LSW, or DON to ensure transportation schedule is confirmed. If a resident requires non-emergent ambulance transport, the ED will be notified to ensure transportation services are scheduled. Once appointment is met it will be indicated on the Appointment/Consult Log. New hires will be educated in orientation. 4) ED or DON will monitor medically necessary appointments for 10 residents 3 times weekly for 1 month, then weekly for 1 month, and then monthly for 2 months beginning 05/05/2023 to ensure appointments are scheduled, transportation arrangements scheduled, and resident attends appointments. Findings will be reported to the Quality Assurance Performance Improvement(QAPI) Committee monthly starting 05/30/2023 for four months. Monitoring schedule will be revised based on findings.	

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weeks during the timeframe one van was out of commission and did not continue to rent a van nor secure other means of transportation even though Company approval was given.

* Attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD). A review of policy and procedures were: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

* On 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

* On 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance

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agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

* On 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

* On 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

* On 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.

* On 05/05/2023 at 4:45 PM, MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received. Resident #254 is no longer in the facility as of 04/19/2023 related to transferred to the hospital.

* On 05/07/2023 at 4:00 PM, MD conducted a

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physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87.

* On 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services.

* On 05/07/2023 at 4:45 PM, the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed.

* On 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.

* The facility alleges all corrective actions were completed to remove the immediacy on May 7, 2023, and the Immediate Jeopardy was removed May 8, 2023.

The State Agency (SA) validated the facility's Corrective Actions:

1.) The State Agency (SA) validated through record review Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM.

2.) The State Agency (SA) validated through

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record review Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM.

3.) The State Agency (SA) validated through record review Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM.

4.) The State Agency (SA) validated through record review on 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met and covered needed medical services to prevent future occurrences of neglect, Comprehensive Care Plans, residents residing in the facility receive the outside medical services needed to prevent complications, facility administration and review of an effective QAPI program is maintained. The SA determined a Root Cause Analysis (RCA) was conducted and policies and procedures were reviewed for changes.
The SA determined attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD).
The SA determined a review of policy and procedures were performed for: "Abuse, Neglect,

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Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

5.) The State Agency (SA) validated through interviews on 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

6.) The State Agency (SA) validated through record review on 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

7.) The State Agency (SA) validated through interviews on 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

8.) The State Agency (SA) validated through interviews on 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the

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residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

9.) The State Agency (SA) through interviews on 05/05/2023 at 4:20 PM, the RDCS initiated education with the RN MDS Nurses to ensure that Comprehensive Care Plans are developed and implemented to prevent further resident complications for residents' treatment related to a vascular implant and orthopedic and vascular appointments. No current staff or new hired staff will work without the aforementioned education.

10.) The State Agency (SA) through interviews on 05/05/2023 at 4:30 PM, the DON initiated education to licensed nurses to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications. No current staff or new hired staff will work without the aforementioned education.

11.) The State Agency (SA) through interviews on 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.

12.) The State Agency (SA) validated through record review on 05/05/2023 at 4:45 PM, that the MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received.

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13. The State Agency (SA) validated through interviews/record review on 05/07/2023 at 8:00 AM, RDCS 1, RDCS 2, RDCS 3 (Regional Director of Clinical Services 3), and RN Treatment Nurse completed assessments on current residents to ensure medical stability and not requiring a transfer to a higher level of care. The SA validated no residents at risk were identified.

14. The State Agency (SA) validated through record review on 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87.

15. The State Agency (SA) validated through observation/interviews and record review on 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services.

16. The State Agency (SA) validated through interviews on 05/07/2023 at 4:45 PM, that the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed.

17. The State Agency (SA) validated through record review on 05/07/2023 at 6:30 PM,

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F 835	Continued From page 62 Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.	F 835		
F 865 SS=K	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: §483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and §483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's	F 865		6/2/23

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implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.

§483.75(b) Program design and scope.
A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:

§483.75(b)(1) Address all systems of care and management practices;

§483.75(b)(2) Include clinical care, quality of life, and resident choice;

§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.

§483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.

§483.75(f) Governance and leadership.
The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:

§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.

§483.75(f)(2) The QAPI program is sustained

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F 865	Continued From page 64 during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed; §483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information. §483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and §483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect. §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to maintain an effective Quality Assurance Performance Improvement (QAPI) program to ensure transportation was provided for outside medical services for five (5) of 24 sampled residents, with the likelihood to affect any resident who required outside transportation.	F 865	1) Root Cause Analysis (RCA) was conducted by the Interdisciplinary Team (IDT) and based on findings: On 05/05/2023, a Quality Assurance Performance Improvement(QAPI) meeting was held to ensure there was a plan in place for residents to receive needed medical service appointments to	

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F 865	Continued From page 65 The facility's failure to maintain an effective QAPI program placed residents who require outside transportation at risk for serious injury, serious harm, serious impairment, or death. This caused Resident #31 to experience decreased mobility, Resident #75 to be hospitalized, Resident #87 to develop a wound infection, and Resident #254 to become septic. There was a likelihood of harm for Resident #34 due to the delay in changing a newly placed supra pubic catheter. The situation was determined to be an Immediate Jeopardy (IJ) that began on 11/21/22 when Resident #87 was referred to a vascular surgeon and the facility did not follow physician's orders. The Facility Administrator was notified of the IJ on 5/5/23 at 12:23 PM and provided an IJ Template. The facility provided an acceptable Removal Plan on 5/7/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ was removed on 5/8/23. The State Agency (SA) validated the Removal Plan on 5/9/23 and determined the IJ was removed on 5/8/23 prior to exit. Therefore, the scope and severity for 42 CFR 483.75 (a)(1) Quality Assurance and Performance Improvement (QAPI) Program, F865 was lowered from a "K" to a scope and severity of an "E", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: Review of the facility policy, "Quality Assurance Performance Improvement Program (QAPI)"	F 865	prevent complications related to Congestive Heart Failure(CHF), Chronic Obstructive Pulmonary Disease(COPD), decline in Range of Motion(ROM) and mobility related to an orthopedic brace, infection related to wound care appointment, and infection related to a vascular implant. Resident # 31 was screened by Physical Therapy(PT) on 05/07/2023 and physician orders noted for "Physical Therapy to treat 5 times a week x 30 days include: therapeutic exercises, therapeutic activities, neuromuscular education, wheelchair training, manual therapy, group therapy, and electrical stimulation. Resident #31 was screened by Occupational Therapy(OT) on 05/09/2023 and physician orders noted for "Occupational Therapy to treat 3 times a week x 4 weeks for therapeutic exercises, therapeutic activities, self-care, neuromuscular education, manual therapy, group therapy, modalities as needed(prn), splinting and patient/caregiver education". An Orthopedic appointment was made for Resident #31 for 07/31/2023 at 8:00 AM. Transportation for the Orthopedic appointment was scheduled with local ambulance service on 05/09/2023 by the Executive Director(ED). Resident #31's Care Plan was updated to include medically necessary appointments as an intervention to prevent decreased range of motion and mobility. Resident #75 had a Cardiology appointment was scheduled for	

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revised 10/24/2022, revealed, "Policy: The center and organization has a comprehensive, data-driven Quality Assurance Performance Improvement Program that focuses on indicators of the outcomes of care and quality of life ...Program Design and Scope 1. The center's QAPI program is on-going comprehensive review of care and services provided to residents. Including but not limited to: a. Medical b. Clinical care ...Important functional areas may include but are not limited to ...Quality of care ...g. Continuity of care ...Review of activities may include but not limited to ...d. Interdisciplinary care planning ...Leadership: The Central Executive Director is accountable for the overall implementation and functioning of the QAPI program. This includes but is not limited to ...b) Identify priorities c) Ensures adequate resources ...e) Ensures corrective actions are implemented to address identified problems in systems f) Evaluates the effectiveness of actions ...4. The program is a coordinated effort among departments and services within the organization that involves leadership working with input from Center staff, residents and families .... Identifying Quality Deficiencies and Corrective Actions: The center will monitor department performance systems to identify issues or adverse events ...15. If a quality deficiency is identified, the committee will oversee the development of corrective action(s) ...

Record review of the facility's QAPI sign-in sheet for a meeting held 4/27/23 revealed the Administrator, Medical Director, and the Director of Nursing (DON) were in attendance.

During an interview on 5/3/23 at 4:00 PM, the DON confirmed she was aware that the facility had to change residents' physician appointments

05/23/2023 at 1:00 PM. Pulmonology appointment was scheduled for 06/19/2023 at 4:00 PM. Cardiology and Pulmonology appointments for Residents #75 were scheduled with the local ambulance company on 05/09/2023 by the ED. Resident #75's Care Plan was updated to include medically necessary appointments as an intervention to prevent Congestive Heart Failure.
Resident #87 was transferred to appointment with vascular surgeon in the facility van on 05/04/2023 and had left groin artificial implant removed. Follow-up appointment was been scheduled for 05/23/2023 at 9:15 AM. Physical Therapy(PT) evaluated and treated Resident #87 on 05/07/2023 for gait training for abnormal gait and use of assistive device to increase mobilization. Resident #87's Care plan was updated to include medically necessary appointments as an intervention to prevent the infection of resident's vascular implant.
Resident #254 was transported by an ambulance on 04/19/2023 to the local wound care clinic. Resident was transferred from there to the hospital and was discharged from facility on 05/04/2023. Resident #254's Care Plan was updated to include medically necessary appointments as an intervention to prevent hospitalization for sepsis related to a wound.
Resident #34 was transported by the facility van to his Urology appointment to have suprapubic catheter removed and had a follow up appointment on 05/09/2023 with Urologist. Resident #34's

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F 865	Continued From page 67 due to transportation issues and that the facility had to pay in advance for non-emergency transportation with the local ambulance company. She said that it was discussed in the QAPI meeting, and the team decided to rent a van until the facility van was repaired. They also decided to wait until the insurance company finished the negotiations regarding the purchase of a new facility van. During an interview on 05/04/23 at 08:07 AM, with the Medical Director (MD) confirmed he attended QAPI meetings quarterly. The MD said he was told at the last quarterly meeting that the facility had rescheduled some resident appointments because the facility was having problems with transportation, but the facility was addressing the problem and it was resolved. The MD also said he did not know that residents had missed follow up appointments with surgeons. The MD said he remembered stating at the QAPI meeting that residents needed to follow up immediately with their appointments. During an interview on 05/04/23 at 10:32 AM, with the Administrator, he confirmed the Quality Assurance Performance Improvement Program (QAPI) Interdisciplinary Team met quarterly to discuss high risk issues. The Administrator stated the facility met in April in which they discussed the transportation van issues and that the corporate office was working with the insurance company to purchase another van. The Administrator confirmed the interventions put in place were not effective. The facility provided an acceptable Removal Plan which included:	F 865	Care Plan was updated to include medically necessary appointments. Resident #34's Care Plan was updated to include medically necessary appointments as an intervention to prevent infection related to suprapubic catheter. On 05/07/2023 at 4:30 PM, the Regional Plant Operations Director(RPOD) delivered an additional wheelchair accessible van for the facility to maintain effective transportation for physician ordered medically necessary appointments. 2) On 05/05/2023, the Regional Director of Clinical Services(RDCS) and Licensed Practical Nurse(LPN) 1 conducted a quality review of current resident physician orders for medically necessary appointments or consults to identify any other residents affected by the deficient practice. Current residents with physician orders for medical necessary appointments have the potential to be affected. 3) On 05/05/2023, the Regional Vice President of Operations(RVPO) conducted education with the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program to ensure transportation is provided for physician ordered medically necessary appointments. New hires will be educated in orientation.	

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F 865	Continued From page 68 Immediate Action started on 05/05/2023 at 12:23 PM: Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM. Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM. Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM. On 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met to ensure the residents receive needed medical services to prevent future occurrences of neglect, to ensure that Comprehensive Care Plans are developed and implemented to include needed medical services as physician ordered, to ensure that all residents residing in the facility receive the outside medical services needed to prevent complications, to prevent residents from experiencing avoidable loss of ROM, to ensure facility administration is administered in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents receiving physician ordered services, and to ensure an effective QAPI program is maintained. A Root Cause Analysis (RCA) was conducted and reviewed policies and procedures for changes. RCA revealed the policy was not followed and one of two vans was out of commission. RCA revealed former ED only rented a van for two weeks during the timeframe one van was out of commission and did not continue to rent a van nor secure other means of transportation even though Company approval was given.	F 865	4) ED or DON will monitor medically necessary appointments for 10 residents 3 times weekly for 1 month, then weekly for 1 month, and then monthly for 2 months beginning 05/05/2023 to ensure appointments are scheduled, transportation arrangements scheduled, and resident attends appointments. Findings will be reported to the QAPI Committee monthly starting 05/30/2023. Monitoring schedule will be revised based on findings. RDCS will monitor to ensure an effective QAPI program is in place to ensure transportation is provided for outside medical services monthly for 3 months beginning 05/05/2023. Findings will be reported to the QAPI Committee monthly starting 05/30/2023 for four months. Monitoring schedule will be revised based on findings.	

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F 865	Continued From page 69 Attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD). A review of policy and procedures were: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes. On 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education. On 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.	F 865		

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On 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

On 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

On 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.
On 05/05/2023 at 4:45 PM, MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received. Resident #254 is no longer in the facility as of 04/19/2023 related to transferred to the hospital.

On 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

(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
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On 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services.

On 05/07/2023 at 4:45 PM, the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed.

On 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.

The facility alleges all corrective actions were completed to remove the immediacy on May 7, 2023, and the Immediate Jeopardy was removed May 8, 2023.

The State Agency (SA) validated the facility's Corrective Actions:

1. The State Agency (SA) validated through record review Resident # 75 has a pulmonology scheduled for 06/19/2023 at 4:00 PM.

2. The State Agency (SA) validated through record review Resident # 75 has a cardiology appointment scheduled for 05/23/2023 at 1:00 PM.

3. The State Agency (SA) validated through record review Resident # 87 had a vascular stent removed on 05/04/2023 at 5:30 AM.

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4. The State Agency (SA) validated through record review on 05/05/2023 at 2:00 PM, Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee met and covered needed medical services to prevent future occurrences of neglect, Comprehensive Care Plans, residents residing in the facility receive the outside medical services needed to prevent complications, facility administration and review of an effective QAPI program is maintained. The SA determined a Root Cause Analysis (RCA) was conducted and policies and procedures were reviewed for changes.

The SA determined attendees were the Medical Director (MD), Executive Director (ED), Director of Nursing (DON), Infection Control Preventionist (ICP), Business Office Manager (BOM), Maintenance Director, Regional Director of Clinical Services 1 (RDCS 1), Regional Vice President of Operations (RVPO), Regional Director of Business Office Services (RDBOS), Regional Director of Clinical Services 2 (RDCS 2), Business Development Coordinator, Certified Nursing Assistant (CNA), Physical Therapist (PT), Registered Nurse Minimum Data Set Nurse (RN MDS Nurse), Activities Director, Housekeeping Manager, Social Services Director, Dietary Manager, Medical Records Nurse, and Human Resources Director (HRD).

The SA determined a review of policy and procedures were performed for: "Abuse, Neglect, Exploitation, and Misappropriation", "Transportation", "Skin and Wound", "Plans of Care", and "Quality Assurance Performance Improvement (QAPI)" which required no changes.

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5. The State Agency (SA) validated through interviews on 05/05/2023 at 3:30 PM, the RVPO initiated education to the Medical Director and Interdisciplinary Team (IDT) to ensure an effective QAPI program is maintained to address outside medical services of the residents. No new hired staff will work without the aforementioned education.

6. The State Agency (SA) validated through record review on 05/05/2023 at 3:35 PM, the RVPO conducted a quality review to ensure the facility has a current non-emergent ambulance agreement in place. There is a current non-emergent ambulance agreement in place for the facility to ensure that residents with higher level of transfer care needs have non-emergent transportation provided by the facility.

7. The State Agency (SA) validated through interviews on 05/05/2023 at 3:45 PM, the RVPO initiated education to the ED and DON to ensure the administration in a manner that enables the use of its resources to effectively maintain the highest practicable physical well-being for residents to receive physician ordered services to prevent future non-compliance. No new hired staff will work without the aforementioned education.

8. The State Agency (SA) validated through interviews on 05/05/2023 at 4:00 PM, the DON initiated education to all staff to ensure the residents receive needed medical services and provide physician ordered services that are necessary. No current staff or new hired staff will work without the aforementioned education.

9. The State Agency (SA) through interviews on

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05/05/2023 at 4:20 PM,the RDCS initiated education with the RN MDS Nurses to ensure that Comprehensive Care Plans are developed and implemented to prevent further resident complications for residents' treatment related to a vascular implant and orthopedic and vascular appointments. No current staff or new hired staff will work without the aforementioned education.

10. The State Agency (SA) through interviews on 05/05/2023 at 4:30 PM, the DON initiated education to licensed nurses to ensure that all residents residing in the facility receive the outside medical services
needed to prevent complications. No current staff or new hired staff will work without the aforementioned education.

11. The State Agency (SA) through interviews on 05/05/2023 at 4:40 PM, RDCS 1 and LPN 1 (Licensed Practical Nurse 1) conducted a quality review of physician ordered appointments of current residents. A quality review of residents' physician ordered appointments were reviewed with the MD for medical urgency and transfer to a higher level of care. No residents were identified with medically urgent appointments.

12. The State Agency (SA) validated through record review on 05/05/2023 at 4:45 PM, that the MD conducted a physician visit with Residents #75 and #87 to ensure medical stability and no new orders received.

13. The State Agency (SA) validated through interviews/record review on 05/07/2023 at 8:00 AM, RDCS 1, RDCS 2, RDCS 3 (Regional Director of Clinical Services 3), and RN Treatment Nurse completed assessments. on

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current residents to ensure medical stability and not requiring a transfer to a higher level of care. The SA validated no residents at risk were identified.

14. The State Agency (SA) validated through record review on 05/07/2023 at 4:00 PM, MD conducted a physician's visit with Residents #75 and #87 and reviewed outstanding appointments for medical urgency and determined that no current appointments were medically urgent, requiring a transfer to a higher level of care. MD gave new orders on Residents #75 and #87.

15. The State Agency (SA) validated through observation/interviews and record review on 05/07/2023 at 4:30 PM, the Regional Plant Operations Director delivered an additional wheelchair accessible van for the facility to maintain effectiveness transportation for physician ordered outside medical services.

16. The State Agency (SA) validated through interviews on 05/07/2023 at 4:45 PM, that the RDCS 1 educated the ED, DON, MR Nurse, and Licensed Social Worker on the process to ensure physician ordered medical services are scheduled and transportation is provided. The MR Nurse will be the designated person to ensure all outside medical appointments are maintained and executed.

17. The State Agency (SA) validated through record review on 05/07/2023 at 6:30 PM, Resident # 87 had an appointment scheduled with a wound specialist on 05/23/2023 at 9:15 AM.