STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification at the facility from 06/13/23 through 06/15/23. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F644 and F758. The facility held a license for 80 beds, with a census of 78.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to submit a status change for a resident with a new mental illness diagnoses for one (1) of four (4) Pre-Admission Screening and	F 644	1. On 6/27/2023 the social service department received an inservice on the facility's updated Pre-Admission screening and resident review policy regarding	7/20/23

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

Electronically Signed | 06/29/2023

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F 644	Continued From page 1 Record Reviews (PASARR) reviewed. Resident #37 Findings include: Record review of facility letterhead signed by the Director of Nursing (DON), undated, revealed, "(Proper name of facility) does not have a policy for submitting a second PASR while in the facility". Record review of the Pre-Admission Screening (PAS) Application for Long Term Care dated 12/4/2020, revealed the Resident #37 had Depression (major) and Depression (other) listed as medical conditions. The physician certified that "this person is appropriate for Medicaid long term care services." Record review of Resident #37's Diagnosis Information revealed the resident had a diagnosis of Major Depressive Disorder dated 12/4/2020 and a diagnosis of Major Depressive Disorder, recurrent, severe with Psychotic Symptoms dated 2/15/2023. An interview with Social Services on 6/14/23 at 2:00 PM, revealed Resident #37 was admitted to the facility on 12/7/20 with a diagnosis of Major Depressive Disorder and received a diagnosis of Major Depressive Disorder with Psychotic Symptoms on 2/15/23. She stated she is the person responsible for submitting the Pre-Admission Screenings (PAS) and the Pre-Admission Screening and Record Reviews (PASARR) and she failed to submit the status change for this resident. She confirmed that with the new diagnosis, a status change for the	F 644	requirements and need for submitting a PASARR status change request. On 6/28/2023 the social service department submitted a PASARR status change request on resident # 37. 2. The facility has determined that all residents have the potential to be affected. 3. On 6/27/2023 the social service department, admission department, Minimum Data Set (MDS) department, Medical Records Department and Nursing administrative staff all received educational inservices on identifying the need for a PASARR status change to be submitted. On 6/27 through 6/29/2023 the social services department, staff education nurse and Director of Nursing began performing a 100% audit of all current residents diagnosis to determine if any changes had occurred that would require a status change request to be submitted. During this audit 9 were identified and social services department began submitting the PASARR status change request on these residents on 6/29/2023. 4. Beginning on 6/27/2023 any new orders for a new diagnosis, change in diagnosis or new psychotropic medication will be monitored during our morning meeting Monday-Friday daily x 2 weeks, then 3 x week for 3 weeks, then 1 x a week for 3 months by the social services department, medical records department, MDS department, Director of Nursing and administrative nurses. Any resident that is identified will have a status change request submitted by the social services	

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F 644	Continued From page 2 PASARR Level 2 should have been submitted, but it was not done. An interview with the DON on 6/15/23 at 9:15 AM, confirmed the facility failed to submit a PASARR status change for Resident #37 with a new mental illness diagnosis as required. Record review of the Admission Record revealed Resident #37 was admitted to the facility on 12/7/2020 and with diagnoses that included Major Depressive Disorder and Major Depressive Disorder severe with Psychotic Symptoms. Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/15/23, revealed Resident #37 with a Brief Interview for Mental Status (BIMS) of 15, which indicated the resident was cognitively intact.	F 644	department. This plan of correction will be brought to the Quality Assurance meeting on 7/19/2023 to be reviewed and for recommendations. A report will continue to be submitted to the Quality Assurance committee monthly for 3 months to ensure consistent compliance has been met. Social services will be responsible for compliance.	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs	F 758		7/20/23

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F 758	Continued From page 3 unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interviews, pharmacy consultant interview and record review, the facility failed to ensure a resident on a PRN (as needed) psychotropic medication had a stop date for one (1) of six (6) resident's medication reviewed. Resident #45	F 758	1. On 6/27/2023 the Registered Nurse (RN#1) was inserviced by the Director of Nursing on the facility's updated policy regarding the use of PRN (as needed) psychotropic medications limited duration of 14 days. On 6/27/2023 an order was received from our Medical Director to	

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F 758	Continued From page 4 Findings include: The facility provided documentation on letterhead that read, "(Proper Name of facility) does not have a policy for PRN psychotropic medications." Record review of Resident #45's Physician Orders Summary Report revealed an order dated 01/13/2023, "Ativan oral tablet 1 MG (milligram) give 1 tablet by mouth every four (4) hours as needed for agitation ...." An interview on 6/15/23 at 9:05 AM, with Registered Nurse (RN) #1 confirmed that Resident #45 did not have a stop date for his PRN Ativan, and she acknowledged that it should have one. She revealed that the resident has had this Ativan order since he was admitted into the facility on 1/13/2023. An interview on 6/15/23 at 9:20 AM, with the Director of Nursing (DON) confirmed that Resident #45 did not have a stop date for the PRN Ativan order, and she stated, "Yes, it's supposed to have one." An interview on 6/15/23 at 10:13 AM, with the Pharmacy consultant, revealed he does the monthly drug regimen reviews at the facility. When the Survey Agent (SA) inquired whether the PRN Ativan order for Resident #45 should have a stop date, he stated, "I've had this conversation with others in the past, and we were in agreement that as long as the initial order was written for 14 days and the physician re-evaluated the resident and the documentation was in place, the medication could be continued for 6 months without a stop date and would routinely be re-evaluated in 6 months." He confirmed that the	F 758	discontinue the order for Ativan 1m q 4 hours prn on resident #45. 2. The facility has determined that all residents have the potential to be affected. 3. On 6/27/2023 the Director of Nursing initiated inservices to all registered nurses, licensed practical nurses and the medical records department on the facility's updated policy regarding the use of PRN psychotropic medications limited duration of 14 days. Any PRN psychotropic medication extended past 14 days will require the attending physician or prescribing practitioners rational and must be documented in the resident's medical record and indicate the duration for the PRN order. On 06/27/2023, an audit was completed of current resident's medication orders for PRN psychotropic medications to identify the need for a stop date. The audit was completed by the Director of Nursing, and Staff Education Nurse. Any PRN psychotropic medications identified without a stop date were corrected to follow the facility's policy. 4. Physician orders are to be reviewed daily (Monday-Friday) during our morning meeting. Beginning on 06/27/2023, the Director of Nursing, Staff education nurse, and Medical Records department will monitor for new PRN psychotropic medication orders to ensure a stop date duration of 14 days is in place. If it is found that the physician has extended the duration, this review will ensure that the physician has documented a rational to continue beyond the 14 day stop date and	

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F 758	Continued From page 5 Ativan order for Resident #45 had never had a stop date since the resident was admitted to the facility on 1/13/23. He acknowledged that he had not read the regulations for the use of PRN psychotropic medications since sometime last year. Record review of the Admission Record revealed Resident #45 was admitted to the facility on 1/13/23 with diagnoses that included Unspecified Dementia and Restlessness and Agitation. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/19/23 revealed a Brief Interview for Mental Status (BIMS) score of 03, which indicates the resident is severely cognitively impaired.	F 758	indicated the new stop date. This monitoring of PRN psychotropic medications will continue daily (Monday-Friday) from 6/27/2023 for 2 weeks, then 3x week for 3 weeks and then once a week for 3 weeks by the Director of Nursing, Staff Education nurse, Medical records department and Minimum Data Set nurse. A report will be submitted to the Quality Assurance committee on 07/19/2023 for review and recommendations and then 1 x month for 3 months. This practice is to ensure that the nursing staff are following procedures in accordance with our facility's policy and to maintain compliance.	