STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255095	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF LAUREL	935 WEST DR LAUREL, MS 39440

(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 Complaint Investigations (CI) at the facility for three (3) complaints, CI MS #21838, CI MS #22109, and CI MS #22131 from 7/24/23 through 7/26/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #21838 for resident not groomed, therapeutic diets, and care not received and CI MS #22131 for services not performed per plan of care, cold food, and staff improperly qualified. The SA did not cite any deficiencies for those complaints. The SA investigated CI MS #22109 for quality of care and cited F580 and F656. At the time of survey the facility had a census of 78 residents and was licensed for 105 beds.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to	F 580		8/29/23

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

Electronically Signed | 08/02/2023

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F 580	Continued From page 1 commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to notify the physician of feeding tube complications for one (1) of two (2) residents reviewed with feeding tubes. Resident #1.	F 580	1) Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 08/02/2023 and based on findings the Licensed Practical Nurse (LPN) #1 did not notify the physician of feeding tube complications for Resident #1. LPN #1	

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F 580	Continued From page 2 Findings Include: Record review of the facility's "Gastrostomy/Jejunostomy/Nasogastric Tube" policy, revised 01/22, revealed, " ...Administration of Tube Feedings ...6. For Gastrostomy and Nasogastric tubes ...C. If more than 100 (cc) cubic centimeter of residual is aspirated, return the residual to the stomach, discontinue the tube feeding, and notify the physician ..." Record review of the "Face Sheet" revealed the facility admitted Resident #1 on 6/5/23 with a diagnosis of Cerebral infarction, unspecified, and Gastrostomy status. Record review of "Physician Orders" for the month of July 2023 revealed Resident #1 had a Physician's Order with an order date of 6/5/23 to "Check residual; notify MD (Medical Doctor) if greater than 100 ml (milliliters)." A record review of the "Departmental Notes" revealed on 7/2/23 at 6:45 AM and 7:45 AM, License Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 have no documentation of notifying the MD of Resident #1 feeding tube residual of greater than 100 ml. On 7/24/23 at 2:37 PM, an interview with RN #1 confirmed she is the day shift supervisor, and she did not notify the physician on 7/2/23 when she reported on duty that Resident #1's gastrostomy tube residual was greater than 100 ml. RN #1 revealed that the resident was not in any distress and was not gurgling, vomiting, or having shortness of breath when she arrived on duty at 7:00 AM.	F 580	was educated on 07/25/2023 to ensure the physician is notified if a resident has feeding tube complications on Gastrostomy/Jejunostomy/Nasogastric Tube Policy by the Director of Nurses (DON). Resident #1 discharged from the facility on 07/02/2023. 2) Residents who receive tube feeding have the potential to be affected by this deficient practice. 3) On 07/26/2023, an audit was conducted by the DON to ensure the physician is notified if a resident has a tube feeding complication. Beginning on 07/26/2023, licensed nurses were educated by the DON and/or Staffing Nurse on ensuring the physician is notified if a resident has a tube feeding complication regarding Gastrostomy/Jejunostomy/Nasogastric Tube Policy and will be completed by 08/04/2023. New hires will be educated upon hire on ensuring the physician is notified if a resident has a tube feeding complication regarding Gastrostomy/Jejunostomy/Nasogastric Tube Policy. 4) Beginning on 07/27/2023, the DON and/or Nurse Supervisor will review nurses' notes to ensure the physician is notified if a resident has a tube feeding complication on 5 residents 5 times a	

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F 580	Continued From page 3 On 7/24/23 at 3:37 PM, an interview with LPN #1 confirmed she did not follow the physician's orders to notify the MD of the residual of greater than 100 ml on 7/2/23. She relayed she should have followed the physician's orders to notify him of the resident residual. On 7/25/23 at 10:35 AM, an interview with the Director of Nursing (DON) stated it is my expectation that the nurses follow the physician's orders. LPN #1 should have notified the physician of Resident #1 residual or any acute problems. On 7/25/23 at 11:00 AM, an interview with the MD confirmed on 7/2/23, the nurses did not notify him of Resident #1 residual of greater than 100 ml and that the tube feeding was placed on hold. During the interview, the MD stated that he would not have done anything differently since the resident was not in any acute distress.	F 580	week for 4 weeks and then 5 residents per month for 3 months. Areas of concern will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee for review. The QAPI Committee will convene on 08/28/2023 to discuss further recommendations as needed and then review for 3 months. Additional training and/or disciplinary action will be considered as warranted.	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §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	F 656		8/29/23

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F 656	Continued From page 4 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 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 interviews, record review, and facility policy review, the facility failed to implement care plan approaches or interventions related to notifying the physician of feeding tube complications for one (1) of four (4) resident care plans reviewed. Resident #1.	F 656	1) Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 08/02/2023 and based on findings the Licensed Practical Nurse (LPN) #1 did not implement the care plan approach or intervention related notifying the physician of feeding tube complications for Resident	

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F 656	Continued From page 5 Findings Include: Record review of the facility's "Care Plan Process" policy, revised 08/17, revealed, " ...The facility staff shall follow the care plan ...The Physician Orders, Medication Administration Record, and Treatment Administration Record are part of the Comprehensive Care Plan ..." Record review of the "Face Sheet" revealed the facility admitted Resident #1 on 6/5/23 with a diagnosis of Cerebral infarction, unspecified, and Gastrostomy status. Record review of "Physician Orders" for the month of July 2023 revealed Resident #1 had a Physician's Order with an order date of 6/5/23 to "Check residual; notify MD (Medical Doctor) if greater than 100 ml (milliliters)." In a record review of the "Care Plan" for Resident #1 revealed a "Problem Onset" date of 6/16/23 with a "Problem/Need" of "...has a feeding tube..." and "Approaches" included "Notify MD (Medical Doctor) of any complications." In a record review of the "Departmental Notes" revealed on 7/2/23 at 6:45 AM and 7:45 AM, License Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 had no documentation of notifying the MD of Resident #1 feeding tube residual of greater than 100 ml. On 7/24/23 at 2:37 PM, an interview with RN #1 confirmed she did not follow the care plan of informing the physician that Resident #1 gastrostomy tube residual was greater than 100 ml. During the interview, she conveyed that she is the day shift supervisor the night nurse should	F 656	#1. LPN #1 was educated on 07/25/2023 to ensure to implement the care plan approach or intervention related to notifying the physician if the resident has feeding tube complications on the Care Plan Process by the Director of Nurses(DON). Resident #1 discharged from the facility on 07/02/2023. 2) Residents who have a care plan approach or intervention related to tube feeding have the potential to be affected by the deficient practice. 3) On 07/26/2023, an audit was conducted by the DON to ensure the implementation of the care plan has an approach or intervention related to the physician is notified if a resident has a tube feeding complication. Beginning on 07/26/2023, licensed nurses were educated by the DON and/or Staffing Nurse on ensuring to implement the care plan approach or intervention related to the physician being notified if a resident has a tube feeding complication regarding the Care Plan Process and will be completed by 08/04/2023. New hires will be educated upon hire on ensuring to implement the care plan approach or intervention related to the physician is notified if a resident has a tube feeding complication regarding the Care Plan Process. 4) Beginning on 07/27/2023, the DON	

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F 656	Continued From page 6 have informed the resident's physician of the information because it was part of the care plan. On 7/24/23 at 3:37 PM, an interview with LPN #1 confirmed she did not follow the care plan on Resident #1 to notify the MD of the residual of greater than 100 ml. She relayed she should have followed the care plan to notify the MD because it is the process for staff to take care of the residents. On 7/24/23 at 4:00 PM, an interview with RN #2 reported that care plans were developed and individualized to ensure consistency in the nursing care of the resident, which helps improve services. RN #2 added that she expects all nursing staff in the facility to follow care plans for the residents. On 7/25/23 at 10:35 AM, an interview with Director of Nursing (DON) revealed it is my expectation that the nursing staff follow the care plans of all residents. The care plans provide a detailed and effective personalized outline of care to be provided to our residents.	F 656	and/or Case Management Nurse will review care plans to ensure the care place approach or intervention related to the physician being notified if a resident has a tube feeding complication on 5 residents 5 times a week for 4 weeks and the 5 residents monthly for 3 months. Areas of concern will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee for review. The QAPI Committee will convene on 08/28/2023 to discuss further recommendations as needed and once a month for 3 months. Additional training and/or disciplinary action will be considered as warranted.	