STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	**1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564**

(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	F 000		

The State Agency (SA) conducted a Complaint Investigation (CI), MS #22125, which was a Facility Reported Incident (FRI), at the facility from 7/24/2023 through 7/26/2023. The facility was found to not be in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated CI MS #22125 related to a resident who was found unresponsive and did not receive Cardiopulmonary Resuscitation (CPR) and notification of a change in resident condition.

On 7/19/23 at 9:05 PM, Resident #1, who had a Full Code status, was found to be unresponsive and without a pulse or respirations. The nurse incorrectly pulled another resident's chart who had a Do Not Resuscitate (DNR) order. Therefore, the nurse did not initiate CPR or activate emergency services for Resident #1. As a result of the resident misidentification, the Responsible Representative (RR) was not notified of the resident's death until 7/20/23.

During the investigation, the SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 7/25/23 and existed at:

42 CFR(s): 483.24 (a)(3) - Cardiopulmonary Resuscitation (F678) Scope and Severity "J".

IJ existed at:

42 CFR(s): 483.21 (a)(1) - Baseline Care Plans- (F655) Scope and Severity "J".

Additionally, F580 was cited at a Scope and Severity of "D".

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

Electronically Signed | 08/09/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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	Continued From page 1 The facility's failure to review the correct code status and implement the baseline care plan resulted in Resident #1 not receiving CPR and emergency services. The resident subsequently expired at the facility. The SA notified the facility's Administrator of the IJs and SQC on 7/25/2023 at 4:30 PM and provided the Administrator with the IJ templates. Based on the facility's implementation of corrective actions on 7/20/23, the SA determined the IJs, SQC, and F580 to be Past Non-Compliance (PNC) and the IJ was removed as of 7/21/23, prior to the SA's first entrance on 7/24/23. At the time of the survey, the facility was licensed for 115 beds and had a census of 102.	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	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 580	Continued From page 2 treatment due to adverse consequences, or to 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 a family member of a resident's death for one (1) of four (4) sampled residents. Resident #1	F 580	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 580	Continued From page 3 Findings include: A record review of the facility's policy "Notification of Change in Condition" with the revision date of 12/16/2020 revealed " Policy: The Center to promptly notify the Patient/Resident, the attending physician, and the Resident Representative when there is a change in the status or condition. Procedure: The nurse to notify the attending physician and Resident Representative when there is a(n): ... Significant change in the patient/resident's physical, mental, or psychosocial status ... Notify the patient/resident and the resident representative of the change in condition. Document in the medical record ..." On 07/24/2023 at 09:30 PM, during an interview with Licensed Practical Nurse (LPN) #2, she explained she was working the evening of 07/19/2023 when Resident #1 expired. She stated that LPN #1 reviewed Resident #2's chart for code status instead of Resident #1 and the physician, coroner, and family of Resident #2 was erroneously notified of his death and the physician and family of Resident #1 was not notified of his death. During an interview on 07/25/2023 at 09:30 AM, with the Director Nursing (DON), she explained that the facility investigated the error that occurred on 7/19/23 when Resident #2's family had been incorrectly notified that Resident #2 had passed away and Resident #1's family was not notified until the following day that Resident #1 had expired. The DON explained that on 7/20/23, she was in the process of investigating the error when the daughter of Resident #1 came to the facility to visit Resident #1. Before management could notify the daughter, a Certified Nurse Aide	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 580	Continued From page 4	F 580		

(CNA) told the daughter that Resident #1 had passed. She explained she expected the nurses to provide notification to the family member of a resident's change in condition.

On 07/25/2023 at 11:45 AM, during an interview with Resident #1's daughter, she explained on Thursday morning, 07/20/2023, she went to her dad's room and the bed was empty with no sheets. She started yelling "Where is my dad, where is my dad?" She stated that someone told her that he had passed away last night.

Resident #1

A record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 7/17/2023 with diagnoses including Acute Respiratory Failure with Hypoxia, Acute on Chronic systolic (Congestive) Heart Failure, Paroxysmal Atrial Fibrillation, Atherosclerotic heart disease of native coronary artery without angina pectoris.

Record review of Resident #1's Discharge Minimum Data Set (MDS) dated 07/19/2023 revealed Resident #1 was coded as reason for discharge "Death in facility." Discharge Status was coded as "Deceased."

Record review of a document typed on facility letterhead and signed by the Director of Nursing, dated July 26, 2023 revealed, "Attestation to Nurse Progress Note July 19, 2023, at 23:09 (11:09 PM) ... The progress notes that the physician, director of nursing, coroner, funeral home were notified of resident's death. However, the information provided was not on the correct resident...Also, the progress note states that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 580	Continued From page 5 family member was notified. (Proper Name of Resident #1)'s family member was not notified ..." Based on the facility's implementation of corrective actions on 7/20/23, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC) and the deficiency was corrected as of 7/21/23, prior to the SA's first entrance on 7/24/23.	F 580		
F 655 SS=J	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission.	F 655		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 6 (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review the facility failed to implement baseline care plan interventions related to Cardiopulmonary Resuscitation (CPR) for a resident who was found unresponsive for one (1) of four (4) sampled residents. Resident #1 The facility failed to implement the baseline care plan interventions for CPR when Resident #1, who had a Full Code status, was found to be unresponsive and without a pulse or respirations. The nurse incorrectly pulled another resident's chart who had a Do Not Resuscitate (DNR) order and did not initiate CPR or activate emergency services for Resident #1. The facility's failure to implement the baseline care plan resulted in Resident #1 not receiving CPR and emergency services. The resident subsequently expired in the facility.	F 655	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 7	F 655		

The situation was determined to be an Immediate Jeopardy (IJ) that began on 7/19/23 when Resident #1 was found by facility staff to be unresponsive and without a pulse or respirations. The facility Administrator was notified of the IJ on 7/25/23 at 4:30 PM and was provided an IJ Template.

Based on the facility's implementation of corrective actions on 7/20/23, the State Agency (SA) determined the IJ to be Past Non-Compliance (PNC) and the IJ was removed as of 7/21/23, prior to the SA's first entrance on 7/24/23.

Findings include:

A record review of the facility's policy "Plans of Care" with a revision date of 09/25/2017 revealed " Policy: An individual 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 and implement an Individual Person-Centered baseline plan of care within 48 hours of admission that includes, but not limited to...physician orders...and other areas needed to provide effective care of the resident that meets professional standards of care to ensure that the resident's needs are met appropriately until the Comprehensive plan of care is completed..."

A record review of Resident #1's "Care Plan" dated 07/18/2023, revealed "... Advanced Directives 'Full Code'...."

A record review of the "Order Summary Report",

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 8	F 655		

with active orders as of 07/25/2023, revealed Resident #1 had a Physician's Order dated 7/17/23, for "Full Code".

Record review of the "Advance Directives Discussion Document", dated 7/17/23 revealed, " ...Please indicate your wishes regarding the following: Cardiopulmonary Resuscitation: PROVIDE ..." was checked indicating Resident #1 wished to have CPR provided.

A record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 7/17/2023 with diagnoses including Acute Respiratory Failure with Hypoxia, Acute on Chronic systolic (Congestive) Heart Failure, Paroxysmal Atrial Fibrillation, and Atherosclerotic heart disease of native coronary artery without angina pectoris.

During an interview with the Director of Nursing (DON) on 07/25/2023 at 09:30 AM, she explained that Resident #1 had a full code status. She confirmed that Resident #1 did not receive CPR or emergency treatment. The DON explained that she expected the nurses to follow the care plan for all residents.

On 07/26/2023, at 12:35 PM , during an interview with Licensed Practical Nurse (LPN) #4/Care Plan nurse, she confirmed Resident #1 had a baseline care plan in place for a Full Code status and he did not receive CPR and emergency services. She confirmed the care plan was not followed and that she expected all medical staff to follow the resident's care plan.

The facility submitted the following acceptable Corrective Action Plan on 07/26/2023:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 9	F 655		

Corrective Action Plan
Brief Summary of Events: On July 19, 2023, at 9:05 PM, Licensed Practical Nurse (LPN) #1 noted Resident #1 was without pulse and respirations. The facility failed to initiate Cardiopulmonary Resuscitation (CPR) and provide emergency care when Resident #1 was found to be unresponsive and required emergency care. The facility failed to implement a Baseline Care Plan related to the code status of Resident #1. Resident #1 did not receive CPR or emergency care when he was found to be unresponsive and required emergency care. LPN #1 pulled another resident's chart (Resident #2), who had a Do Not Resuscitate (DNR) order, and thought she was reviewing Resident #1's code status and therefore did not perform CPR or provide emergency care. Through root cause analysis, the facility determined LPN #1 failed to accurately identify resident and verify code status. The facility reviewed their CPR and Plan of Care policy and procedures, educated nursing staff on identifying residents, verifying code status, following plan of care and notification of change in resident, and held a quality assurance meeting. The event was reported to Licensure and Certification/Mississippi State Department of Health via email on July 20, 2023, at 10:43 AM, the Mississippi Office of Attorney General on July 20, 2023, at 7:52 PM, State Ombudsmen on July 20, 2023, at 7:30PM, and the Mississippi Board of Nursing on July 20, 2023, at 7:20 PM.

On July 19, 2023, at 9:05 PM, LPN #1 requested LPN #2 to confirm Resident #1 was without pulse and respirations. LPN #2 confirmed Resident #1 was without pulse and respirations. LPN #1 requested Registered Nurse (RN) #1 to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 10	F 655		

pronounce Resident #1. At 9:10 PM, on July 19, 2023, LPN #1 notified Director of Nursing (DON), Medical Director, and Responsible Party of Resident #2, of Resident expiration. At 10:05 PM, on July 19, 2023, LPN #1 notified local funeral home and coroner of Resident expiration.

On July 20, 2023, at 8:00 AM local funeral home called facility and spoke with RN #2 requesting information on the Resident in their possession. On July 20, 2023, at 8:10 AM, RN #2 contacted Resident #2 Responsible Party. At 8:20 AM on July 20, 2023, RN #2 informed Executive Director (ED) and DON of issue and investigation began. On July 20, 2023, at 11:30 AM, LPN #2 suspended pending investigation, by RN #3. On July 20, 2023, at 12:00 PM, RN #1 suspended pending investigation, by RN #3. At 1:30 PM on July 20, 2023, LPN #1 suspended pending investigation, by RN #3.

On July 20, 2023, at 9:30 AM, RN #2 initiated education to nursing staff on accurately identifying resident, verifying code status, following plan of care, abuse, neglect, resident rights and notification of change in resident, to include 50 certified nursing assistants, 26 licensed practical nurses, and 12 registered nurses. No current licensed nurses or newly hired licensed nurses will work without the aforementioned education. On July 20, 2023, at 9:45 AM, ED reviewed all resident photos inside Point Click Care (PCC). No adverse findings. At 10:00 AM on July 20, 2023, LPN #3 audited all resident charts for accurate code status in Point Click Care (PCC), advance directive on chart, and chart tags. Findings of audit were one (1) chart did not have advanced directive election

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 11	F 655		

sheet on chart, but it was in PCC, and one (1) chart needed updated advanced directive from hospital return. Advanced Directive election sheet added to chart and advanced directive updated on July 20, 2023, by LPN #3 and RN #3. At 10:00 AM on July 20, 2023, Certified Nursing Assistant (CNA) #1 and CNA #2 checked all door labels for accurate resident names. Findings include one (1) room noted without a name label. Name label was placed on name plate by CNA #1 and CNA #2 on July 20, 2023. On July 20, 2023, at 12:30 PM, RN #2 and LPN #4 initiated mock code drill for all nursing staff. Mock code drill will be completed on all shifts. On July 20, 2023, at 3:00 PM, ED initiated education to all non-nursing to notify a nurse if resident is observed unresponsive, abuse, neglect, and resident rights, to include 11 dietaries, 7 housekeeping, 4 laundry, 2 maintenance, 3 activity, and 8 administrative. No current non-nursing staff members or newly hired non-nursing staff members will work without the aforementioned education. On July 20, 2023, at 8:00 PM, RN #2 and RN #3 audited care plans for accuracy of code status. No adverse findings.

On July 20, 2023, at 12:10 PM, RN #2 initiated education to LPN #1, LPN #2, and RN #1 on accurately identifying residents, verifying code status, following plan of care, abuse, neglect, resident rights and notification on change in resident. At 5:30 PM on July 20, 2023, the Quality Assurance Performance Improvement (QAPI) Committee met to review findings of investigation and conducted a Root Cause Analysis (RCA) and review of Cardiopulmonary Resuscitation (CPR), Plan of Care, and Notification of Change in Resident policy and procedures for changes. Attendees were the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 12	F 655		

Executive Director (ED), Director of Nursing (DON), Director of Rehabilitation (DOR), Unit Manager/RN, Unit Manager/LPN, Infection Control Preventionist, Minimum Data Set (MDS), Assistant Business Office Manager (ABOM), Central Supply Certified Nurse Assistant (CNA), Medical Records, Staffing Development LPN, and Human Resources Director (HRD). The Medical Director (MD) attended by phone. RCA determined additional needs for education to all nurses on accurately identifying residents, verifying code status, following plan of care and notification of change in resident. No changes made to policies.

Ongoing monitoring will begin on July 26, 2023, as follows: Code status of all new admissions will be audited within 24 hours of admission by Director of Nursing. All resident Code statuses will be audited weekly times four weeks, then monthly times three months. Mock Code drills will be performed quarterly rotating shifts. Findings will be discussed in Quality Assurance Performance Improvement (QAPI) meeting quarterly.

Based on the steps the facility initiated and completed for this event, the facility alleges that corrective actions were completed as of July 20, 2023, and represents past noncompliance since all measures were completed prior to complaint survey entrance.

The State Agency (SA) validated the facility's Corrective Action Plan on 07/26/2023.

On 07/26/2023, the SA validated through record reviews and resident and staff interviews the root cause of the Facility Reported Incident on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 13	F 655		

07/19/2023 was LPN #1 pulled the wrong resident's chart and the chart or resident was not verified by two (2) nurses.

On 07/26/2023, the SA validated through record review and resident and staff interviews Resident #1 was found without pulse and respirations. Resident #2's daughter was notified, and the local funeral home and coroner was notified of resident's expiration.

On 07/26/2023, the SA validated through record review and staff interviews the facility began investigating on 07/20/2023 and LPN #1, LPN #2, and RN #1 were suspended during the investigation.

On 07/26/2023, the SA validated through record reviews of in-service training sign in sheets and staff interviews the in-service was completed on 07/20/2023 to include mock code drill, CPR policy, accurately identifying resident, verifying code status, following plan of care, abuse, neglect, resident rights, and notification of change in resident. All resident photos were reviewed in Point Click Care (PCC), all resident's charts for accurate code status in Point Click Care (PCC), advance directive on chart, and chart tags. All residents' door labels checked for accurate resident names. Sign in sheet for in-service to all non-nursing to notify a nurse if resident is observed unresponsive, abuse, neglect, and resident rights. An audit on all residents' care plans for accuracy of code status was completed on 07/20/2023.

On 07/26/2023 through record review of sign in sheet for in-service for LPN #1, LPN #2, and RN #1 was completed on accurately identifying

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 655	Continued From page 14 residents, verifying code status, following plan of care, abuse, neglect, resident rights and notification on change in resident. A record review of the Quality Assurance Performance Improvement (QAPI) Committee met at 5:30 p.m. on July 20,2023, to review findings of investigation and conducted a Root Cause Analysis (RCA) and review of Cardiopulmonary Resuscitation (CPR), Plan of Care, and Notification of Change in Resident policy and procedures for changes. Attendees were the Executive Director (ED), Director of Nursing (DON), Director of Rehabilitation (DOR), Unit Manager/RN, Unit Manager/LPN, Infection Control Preventionist, Minimum Data Set (MDS), Assistant Business Office Manager (ABOM), Central Supply Certified Nurse Assistant (CNA), Medical Records, Staffing Development LPN, and Human Resources Director (HRD). The Medical Director (MD) attended by phone. RCA determined additional needs for education to all nurses on accurately identifying residents, verifying code status, following plan of care and notification of change in resident. No changes made to policies.	F 655		
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to initiate	F 678	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 15	F 678		

Cardiopulmonary Resuscitation (CPR) and provide emergency services to an unresponsive resident for one (1) of four (4) sampled residents. Resident #1.

Resident #1, who had a Full Code status, was found to be unresponsive and without a pulse or respirations. The nurse incorrectly pulled another resident's chart who had a Do Not Resuscitate (DNR) order. Therefore, the nurse did not initiate CPR or activate emergency services for Resident #1.

The facility's failure to review the correct code status resulted in Resident #1 not receiving CPR and emergency services. The resident subsequently expired in the facility.

The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 7/19/23 when Resident #1 was found by facility staff to be unresponsive and without a pulse or respirations. The facility Administrator was notified of the IJ on 7/25/23 at 4:30 PM and was provided an IJ Template.

Based on the facility's implementation of corrective actions on 7/20/23, the State Agency (SA) determined the IJ and SQC to be Past Non-Compliance (PNC) and the IJ was removed as of 7/21/23, prior to the SA's first entrance on 7/24/23.

Findings Include:

A record review of the facility's policy "Cardiopulmonary Resuscitation (CPR)" with a revision dare 01/28/2022 revealed "Policy: Cardiopulmonary Resuscitation (CPR) will be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 16	F 678		

provided to all residents who are identified to be in cardiac arrest unless such resident has a valid Do Not Resuscitate (DNR) order. Procedure: ... 2. Two licensed nurses are to verify... Right Identity...Current physician order for code status ... 6. Notify the physician and resident representative/legal representative 7. Document in the medical record."

At 09:30 PM on 07/24/2023, during an interview with Licensed Practical Nurse (LPN) #2, she explained she was working the evening of 07/19/2023 when Resident #1 expired. She stated that while she was charting at the nurse's station, LPN #1 came to the station and said that she thought her patient was dead. LPN #1 pulled a chart and pointed out to LPN #2 the DNR page on the chart. LPN #2 stated that she only looked at the DNR page and did not notice it was for Resident #2. LPN #2 explained to LPN #1 that since Resident #1 was a DNR, nothing else had to be done. LPN #1 then asked Registered Nurse (RN) #1 to make the death pronouncement. LPN #1 continued to go through the medical chart and called the doctor, the Director of Nursing (DON), and called the resident's family, but asked LPN #2 to talk to the family on the phone. LPN #2 confirmed that she did not verify the name on the resident's chart or the photo and was not aware that LPN #1 had viewed another resident's chart in error.

At 10:00 PM on 07/24/2023, during an interview with RN #1, she explained on the night of 07/19/2023, she was working on the medication cart and was administering medications when she was approached by LPN #1 who asked her to make a death pronouncement for a resident. She stated LPN #1 informed her the resident had a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 17	F 678		

DNR code status and referred to the resident by the name of Resident #2 and not Resident #1. RN #1 confirmed that she did not verify the code status herself and did not know the resident. RN #1 stated that the resident's body was cold and there were no vital signs, so she confirmed that the resident was deceased, and then went back to the hall to complete her medication pass. RN #1 stated that at the end of her shift at approximately 11:00 PM on 7/19/23, LPN #1 reminded her to document in the medical chart the pronouncement of death for the resident and used the name of Resident #2, and not Resident #1. RN #1 explained that she was not aware of the error until the following morning (7/20/2023) when the facility called her and made her aware that the deceased resident was Resident #1 and not Resident #2. She reported that she was at fault in the incident because she did not verify the resident's name or code status.

On 07/25/2023 at 09:30 AM, during an interview with the DON, she explained that on the night of 07/19/2023 after 09:00 PM, she received a call from LPN #1 and was told that Resident #2 had passed away. On 7/20/23 after 8:00 AM, while on her way to the facility, RN #2 called her and told her that she had been informed that the funeral home had called the facility questioning the identity of the body in their possession. The facility immediately began an investigation and discovered the root cause of the incident was that LPN#1 reviewed the wrong chart and the nurses did not verify the identity of the residents when Resident #1 was found to be expired. The DON commented that Resident #1 and Resident #2 did not have similar names, were not in the same room, and had different nurses assigned to them. LPN #1 was assigned to Resident #1 and LPN #2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 18	F 678		

was assigned to Resident #2. The DON explained that Resident #1 had a full code status and Resident #2 had a DNR status, which resulted in Resident #1 not receiving CPR or emergency treatment. During the facility's investigation on 7/20/23, the DON stated that while interviewing LPN# 1, she would not acknowledge that she had made a mistake, even when confronted with the paperwork she had completed in the name of Resident #2 and not Resident #1. LPN #1 said she knew it was Resident #1 who had expired, but she could not understand how she made the mistake and insisted that she had reviewed the correct resident's medical chart. The DON said that she expected the nurses to follow the physician orders, code status, and the facility policies for all residents.

On 07/25/2023 at 10:00 AM, during an interview with the Administrator, she explained the whole incident was upsetting for the facility and the residents' families involved. She explained it was an accident that should never have happened and that the wrong resident's chart had been pulled, the resident was not correctly identified, and there had been no CPR performed on Resident #1 who had a full code status. She explained she expected the nurses to follow physician orders and facility policies.

On 07/25/2023 at 11:00 AM, during an interview RN #2, she explained on the morning of 07/20/2023, she made rounds and noticed that Resident #1 was not in his room. She was told by a Certified Nurse Aide (CNA) that Resident #1 had passed away. She went to review Resident #1's records and did not see any documentation, including a record of death. She stated she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 19	F 678		

called LPN #1 for more information and advised her that Resident #1 had a full code status.

At 11:45 AM on 07/25/2023, during an interview with Resident #1's daughter, she explained she was informed by the facility on 7/20/23 that her father had died. She was told that the nurse had pulled the wrong chart which showed the resident was not a full code. She stated "they did nothing to try and resuscitate" her father who had a full code status.

On 07/25/2023 at 12:00 PM, during a phone interview with LPN #1, she explained she was walking down the hallway around 9:00 PM and went into Resident #1's room and he was not breathing. She stated she went to the nurse's station and reviewed the medical chart and both herself and LPN #2 verified that the resident was a DNR. She said she called the family and asked LPN #2 to talk to the family because she had another resident who was sick. She said she asked two (2) CNAs to clean up the resident and later saw a woman at the facility who was crying. LPN #1 said that she completed the paperwork and called the coroner. She repeated that she had verified with the other nurse that the resident had a DNR code status, and she did not make a mistake. She expressed that she would never not perform CPR on a resident who had a full code status.

At 12:30 PM on 07/25/2023, during an interview with Resident #3, who was Resident #1's roommate, he stated that he was on the phone with his mother and made the remark that his roommate was quiet tonight. After some time, a nurse came in to check on the resident and went out of the room and then came back with another

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 20	F 678		

nurse. The nurse went out again and another nurse came in with a stethoscope and then left. He reported that he called his mom and said he thought Resident #1 had died. He confirmed that he never saw the staff performing CPR on the resident.

Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/13/2023 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.

Resident #1

A record review of Resident #1's "Admission Record" revealed the facility admitted Resident #1 on 7/17/2023 with diagnoses including Acute Respiratory Failure with Hypoxia, Acute on Chronic systolic (Congestive) Heart Failure, Paroxysmal Atrial Fibrillation, Atherosclerotic heart disease of native coronary artery without angina pectoris.

A record review of the "Order Summary Report", with active orders as of 07/25/2023, revealed Resident #1 had a Physician's Order dated 7/17/23, for "Full Code".

Record review of the "Advance Directives Discussion Document", dated 7/17/23 revealed, " ...Please indicate your wishes regarding the following: Cardiopulmonary Resuscitation: PROVIDE ..." was checked indicating Resident #1's wished to have CPR provided.

Record review of Resident #1's Discharge Minimum Data Set (MDS) dated 07/19/2023 revealed Resident #1 was coded as reason for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 21	F 678		

discharge "Death in facility." Discharge Status was coded as "Deceased."

The facility submitted the following acceptable Corrective Action Plan on 07/26/2023:

Corrective Action Plan

Brief Summary of Events: On July 19, 2023, at 9:05 PM, Licensed Practical Nurse (LPN) #1 noted Resident #1 was without pulse and respirations. The facility failed to initiate Cardiopulmonary Resuscitation (CPR) and provide emergency care when Resident #1 was found to be unresponsive and required emergency care. The facility failed to implement a Baseline Care Plan related to the code status of Resident #1. Resident #1 did not receive CPR or emergency care when he was found to be unresponsive and required emergency care. LPN #1 pulled another resident's chart (Resident #2), who had a Do Not Resuscitate (DNR) order, and thought she was reviewing Resident #1's code status and therefore did not perform CPR or provide emergency care. Through root cause analysis, the facility determined LPN #1 failed to accurately identify resident and verify code status. The facility reviewed their CPR and Plan of Care policy and procedures, educated nursing staff on identifying residents, verifying code status, following plan of care and notification of change in resident, and held a quality assurance meeting. The event was reported to Licensure and Certification/Mississippi State Department of Health via email on July 20, 2023, at 10:43 AM, the Mississippi Office of Attorney General on July 20, 2023, at 7:52 PM, State Ombudsmen on July 20, 2023, at 7:30PM, and the Mississippi Board of Nursing on July 20, 2023, at 7:20 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 22	F 678		

On July 19, 2023, at 9:05 PM, LPN #1 requested LPN #2 to confirm Resident #1 was without pulse and respirations. LPN #2 confirmed Resident #1 was without pulse and respirations. LPN #1 requested Registered Nurse (RN) #1 to pronounce Resident #1. At 9:10 PM, on July 19, 2023, LPN #1 notified Director of Nursing (DON), Medical Director, and Responsible Party of Resident #2, of Resident expiration. At 10:05 PM, on July 19, 2023, LPN #1 notified local funeral home and coroner of Resident expiration.

On July 20, 2023, at 8:00 AM local funeral home called facility and spoke with RN #2 requesting information on the Resident in their possession. On July 20, 2023, at 8:10 AM, RN #2 contacted Resident #2 Responsible Party. At 8:20 AM on July 20, 2023, RN #2 informed Executive Director (ED) and DON of issue and investigation began. On July 20, 2023, at 11:30 AM, LPN #2 suspended pending investigation, by RN #3. On July 20, 2023, at 12:00 PM, RN #1 suspended pending investigation, by RN #3. At 1:30 PM on July 20, 2023, LPN #1 suspended pending investigation, by RN #3.

On July 20, 2023, at 9:30 AM, RN #2 initiated education to nursing staff on accurately identifying resident, verifying code status, following plan of care, abuse, neglect, resident rights and notification of change in resident, to include 50 certified nursing assistants, 26 licensed practical nurses, and 12 registered nurses. No current licensed nurses or newly hired licensed nurses will work without the aforementioned education. On July 20, 2023, at 9:45 AM, ED reviewed all resident photos inside Point Click Care (PCC). No adverse findings. At

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 23	F 678		

10:00 AM on July 20, 2023, LPN #3 audited all resident charts for accurate code status in Point Click Care (PCC), advance directive on chart, and chart tags. Findings of audit were one (1) chart did not have advanced directive election sheet on chart, but it was in PCC, and one (1) chart needed updated advanced directive from hospital return. Advanced Directive election sheet added to chart and advanced directive updated on July 20, 2023, by LPN #3 and RN #3. At 10:00 AM on July 20, 2023, Certified Nursing Assistant (CNA) #1 and CNA #2 checked all door labels for accurate resident names. Findings include one (1) room noted without a name label. Name label was placed on name plate by CNA #1 and CNA #2 on July 20, 2023. On July 20, 2023, at 12:30 PM, RN #2 and LPN #4 initiated mock code drill for all nursing staff. Mock code drill will be completed on all shifts. On July 20, 2023, at 3:00 PM, ED initiated education to all non-nursing to notify a nurse if resident is observed unresponsive, abuse, neglect, and resident rights, to include 11 dietaries, 7 housekeeping, 4 laundry, 2 maintenance, 3 activity, and 8 administrative. No current non-nursing staff members or newly hired non-nursing staff members will work without the aforementioned education. On July 20, 2023, at 8:00 PM, RN #2 and RN #3 audited care plans for accuracy of code status. No adverse findings.

On July 20, 2023, at 12:10 PM, RN #2 initiated education to LPN #1, LPN #2, and RN #1 on accurately identifying residents, verifying code status, following plan of care, abuse, neglect, resident rights and notification on change in resident. At 5:30 PM on July 20, 2023, the Quality Assurance Performance Improvement (QAPI) Committee met to review findings of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 24	F 678		

investigation and conducted a Root Cause Analysis (RCA) and review of Cardiopulmonary Resuscitation (CPR), Plan of Care, and Notification of Change in Resident policy and procedures for changes. Attendees were the Executive Director (ED), Director of Nursing (DON), Director of Rehabilitation (DOR), Unit Manager/RN, Unit Manager/LPN, Infection Control Preventionist, Minimum Data Set (MDS), Assistant Business Office Manager (ABOM), Central Supply Certified Nurse Assistant (CNA), Medical Records, Staffing Development LPN, and Human Resources Director (HRD). The Medical Director (MD) attended by phone. RCA determined additional needs for education to all nurses on accurately identifying residents, verifying code status, following plan of care and notification of change in resident. No changes made to policies.

Ongoing monitoring will begin on July 26, 2023, as follows: Code status of all new admissions will be audited within 24 hours of admission by Director of Nursing. All resident Code statuses will be audited weekly times four weeks, then monthly times three months. Mock Code drills will be performed quarterly rotating shifts. Findings will be discussed in Quality Assurance Performance Improvement (QAPI) meeting quarterly.

Based on the steps the facility initiated and completed for this event, the facility alleges that corrective actions were completed as of July 20, 2023, and represents past noncompliance since all measures were completed prior to complaint survey entrance.

The State Agency (SA) validated the facility's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564

(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 678	Continued From page 25	F 678		

Corrective Action Plan on 07/26/2023.

On 07/26/2023, the SA validated through record reviews and resident and staff interviews the root cause of the Facility Reported Incident on 07/19/2023 was LPN #1 pulled the wrong resident's chart and the chart or resident was not verified by two (2) nurses.

On 07/26/2023, the SA validated through record review and resident and staff interviews Resident #1 was found without pulse and respirations. Resident #2's daughter was notified, and the local funeral home and coroner was notified of resident's expiration.

On 07/26/2023, the SA validated through record review and staff interviews the facility began investigating on 07/20/2023 and LPN #1, LPN #2, and RN #1 were suspended during the investigation.

On 07/26/2023, the SA validated through record reviews of in-service training sign in sheets and staff interviews the in-service was completed on 07/20/2023 to include mock code drill, CPR policy, accurately identifying resident, verifying code status, following plan of care, abuse, neglect, resident rights, and notification of change in resident. All resident photos were reviewed in Point Click Care (PCC), all resident's charts for accurate code status in Point Click Care (PCC), advance directive on chart, and chart tags. All residents' door labels checked for accurate resident names. Sign in sheet for in-service to all non-nursing to notify a nurse if resident is observed unresponsive, abuse, neglect, and resident rights. An audit on all residents' care plans for accuracy of code status was completed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255142	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN SPRINGS HEALTH & REHABILITATION CENTER	**1199 OCEAN SPRINGS ROAD OCEAN SPRINGS, MS 39564**

(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 678	Continued From page 26 on 07/20/2023. On 07/26/2023 through record review of sign in sheet for in-service for LPN #1, LPN #2, and RN #1 was completed on accurately identifying residents, verifying code status, following plan of care, abuse, neglect, resident rights and notification on change in resident. A record review of the Quality Assurance Performance Improvement (QAPI) Committee met at 5:30 p.m. on July 20,2023, to review findings of investigation and conducted a Root Cause Analysis (RCA) and review of Cardiopulmonary Resuscitation (CPR), Plan of Care, and Notification of Change in Resident policy and procedures for changes. Attendees were the Executive Director (ED), Director of Nursing (DON), Director of Rehabilitation (DOR), Unit Manager/RN, Unit Manager/LPN, Infection Control Preventionist, Minimum Data Set (MDS), Assistant Business Office Manager (ABOM), Central Supply Certified Nurse Assistant (CNA), Medical Records, Staffing Development LPN, and Human Resources Director (HRD). The Medical Director (MD) attended by phone. RCA determined additional needs for education to all nurses on accurately identifying residents, verifying code status, following plan of care and notification of change in resident. No changes made to policies.	F 678		