

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 255210	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/10/2023
NAME OF PROVIDER OR SUPPLIER PINE CREST GUEST HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 133 PINE STREET HAZLEHURST, MS		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 623	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 255210	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/10/2023
NAME OF PROVIDER OR SUPPLIER PINE CREST GUEST HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 133 PINE STREET HAZLEHURST, MS		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 623	Continued From Page 1 disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility document review, the facility failed to provide the resident or resident's representative a written notification for the reason for transfer to the hospital for one (1) of one (1) record reviewed for hospitalization. Resident #40 Findings include: Record review of a document typed on facility letterhead, dated August 11, 2023 and signed by the facility Administrator revealed, "The facility currently does not have a written policy regarding informing families/responsible parties of a resident's hospitalization. Those individuals are informed by phone on transfer to the hospital and written follow up with regards to the bed hold is sent to families/responsible parties." On 8/07/23 at 1:04 PM, during interview with Resident #40, she explained she had COPD (Chronic Obstructive Pulmonary Disease) and had recently been hospitalized for shortness of breath (SOB). The resident revealed the facility had not provided her with written notification for the reason for the transfer and was not whether her daughter or niece had received a written notification. On 8/09/23 at 10:26 AM, during a phone interview with Resident #40's daughter, she explained the resident's niece is her Resident Representative (RR) and the facility will call the niece when resident goes to the hospital. She confirmed she has never received any type of written notification regarding her mother's hospitalization. On 8/09/23 at 10:55 AM, during an interview with the niece and RR of Resident #40, she explained she had not received anything in writing from the facility about the transfer of Resident #40 to the hospital but explained the facility had informed her about the hospitalization on the day of the transfer. On 8/09/23 at 11:00 AM, during an interview with Social Services #1, she explained she mails a letter and a copy of the bed hold to the family when a resident is transferred to the hospital and keeps a copy in her computer. However, as she looked in her computer file through the list of names of families that had received			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 255210	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/10/2023
NAME OF PROVIDER OR SUPPLIER PINE CREST GUEST HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 133 PINE STREET HAZLEHURST, MS		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 623	Continued From Page 2 letters, she could not locate a copy of the letter sent to the family of Resident #40 and stated she could not recall sending the letter. On 8/10/23 at 1:48 PM, during an interview with the Administrator, she reported even though Resident #40's niece works at the facility, Social Services knew the hospitalization and bed transfer letter was supposed to be mailed. She revealed she expects staff to follow all guidelines and policies of the facility. Record review of Resident #40's "Admission Record" revealed the facility admitted resident on 9/23/2021, with diagnoses that included Malignant Neoplasm of Anus, Primary Pulmonary Hypertension, and COPD with Acute Lower Respiratory Infection. Record review of Physician Orders, dated 6/22/23, revealed an order written at 00:51 (12:51) AM for Resident #40 "Send to ER (Emergency Room) for eval (evaluation) r/t (related to) SOB , decrease O2 (oxygen) sat (saturation) and increase anxiety." A record review of Resident #40's Discharge Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/22/2023, revealed the resident was discharged to an acute care hospital-return anticipated. A record review of Resident #40's Significant Change MDS, with an ARD of 7/04/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.			
F 625	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e) (1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 255210	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/10/2023
NAME OF PROVIDER OR SUPPLIER PINE CREST GUEST HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 133 PINE STREET HAZLEHURST, MS		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 625	Continued From Page 3 Based on interviews, record reviews, and the facility policy review, the facility failed to provide the resident or resident representative with written notification of the bed hold policy prior to the resident's transfer to the hospital one (1) of one (1) record reviewed for hospitalization. Resident #40 Findings include: A record review of the facility's policy "Bed Hold Policy Before and Upon Transfer" with revision date 09/06/2022 revealed, " ... Policy: Prior to and at the time of transfer for hospitalization or therapeutic leave, the facility will provide to the resident and/or the resident representative written notice which specifies the duration of the bed-hold policy and addresses information explaining the return of the resident to the next available bed ..." During an interview on 8/07/23 at 1:04 PM, with Resident #40, she revealed she had not received written notification of the facility's bed hold policy when she had recently been hospitalized for shortness of breath related to her COPD (Chronic Obstructive Pulmonary Disease), but her daughter or niece may have. During a telephone interview on 8/09/23 at 10:26 AM, with Resident #40's daughter, she explained she has never received information about the facility's bed hold policy, but she is not the Resident Representative (RR) for Resident #40. The daughter stated that the resident's niece is the RR, and the facility will call the niece when the resident is hospitalized. At 10:55 AM on 8/09/23, during an interview with the niece and RR of Resident #40, she explained she had not received anything in writing from the facility regarding their bed hold policy at the time of Resident #40's transfer to the hospital but explained the facility had previously provided information regarding their bed hold policy. Social Services #1 reported during an interview on 8/09/23 at 11:00 AM, she explained she mails a letter and a copy of the bed hold to the family when a resident is transferred to the hospital and keeps a copy in her computer. However, as she looked in her computer file through the list of names of families that had received letters and stated she could not locate a copy of the letter sent to the family of Resident #40 and could not recall sending the letter. On 08/10/23 at 01:48 PM, the Administrator reported during an interview, even though Resident #40's niece works at the facility, she expects Social Services to provide written information regarding hospitalization of Resident #40 at the time of transfer and a copy of their bed hold policy to be provided to the RR at the same time. A record review of Resident #40's "Admission Record" revealed the facility admitted resident on 9/23/2021, with diagnoses that included Malignant Neoplasm of Anus, Primary Pulmonary Hypertension, and COPD with Acute Lower Respiratory Infection.		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 255210	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/10/2023
NAME OF PROVIDER OR SUPPLIER PINE CREST GUEST HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 133 PINE STREET HAZLEHURST, MS		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 625	Continued From Page 4 A record review of Physician Orders, dated 6/22/23, revealed a physician order written at 00:51 (12:51) AM for Resident #40 to be sent the local acute care hospital emergency room for evaluation related to SOB (shortness of breath), decreased O2 Sat (oxygen saturation), and increased anxiety. A record review of Resident #40's Discharge Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/22/2023, revealed the resident was discharged to an acute care hospital-return anticipated. A record review of Resident #40's Significant Change MDS, with an ARD of 7/04/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.		