

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Edgewood Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Byram Parkway Byram, MS 39272	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680</p> <p>Based on interviews, record reviews, and policy review, the facility failed to ensure the written contents of the notice of discharge included all of the requirements for a facility-initiated discharge for one (1) of two (2) Residents reviewed. (Resident #1)</p> <p>Findings Include:</p> <p>A review of the facility's policy titled, Transfers and Documentation, dated 02/2024, revealed Transfers may occur within the facility for the following reasons:</p> <ol style="list-style-type: none"> 1. The needs of the resident cannot be met in the section of the facility in which he/she is residing. 2. The resident threatens the safety of himself/herself or the safety of other residents in the facility. 3. The health or other residents is endangered. 4. The resident and/or resident representative requests a transfer made . <p>During an interview on 11/25/24 at 2:48 PM, Resident #1's brother stated the discharge letter was dated 9/6/24 and was received by certified mail on 9/18/24. He stated he felt like there should have been more communication between the facility and family before they kicked him out. The resident's brother also stated the discharge letter did not include a discharge plan, nor an actual discharge date . The resident's brother also commented that from the date the actual discharge letter was received, it was not 30 days prior to the resident's discharge.</p> <p>A record review of the discharge letter dated 9/6/24 mailed by certified mail to the Resident Representative (RR) of Resident #1 revealed the notice of discharge did not include the reason for discharge, the location to which the resident was being discharged , nor the mailing and email address and telephone number of the agency responsible for protection and advocacy of individuals with a mental disorder. The discharge notice indicated the discharge of Resident #1 would occur 30 days after receipt of the notice.</p> <p>(continued on next page)</p>

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 correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Nurses Notes for Resident #1 revealed a note written on 10/15/24 by Licensed Practical Nurse (LPN) #1 revealed that Resident #1 was transferred to a nearby local hospital behavioral health unit due to sexual behavior towards staff and residents. An additional nurses note written by the Interim Director of Nursing (IDON) on 10/18/24 (30 days from the date that the brother stated the RR received the notice of discharge) at 3:58 PM, revealed that Resident #1 was discharged to the hospital's behavioral health unit that the resident had been transferred to on 10/15/24. The nurses note also revealed that the RR was notified.</p> <p>On 11/26/24 at 1:15 PM, in an interview with the current Administrator she stated she was not here during the Resident #1's discharge, as she came to the facility on [DATE]. The Administrator mentioned a 30-day discharge notice should include how the resident's needs cannot be met. She also added that in the past when she was responsible for sending discharge notices, she would say they would try to find a suitable place, however, if not they would be discharged to the RR. The Administrator stated 30-day discharge notices are sent by certified mail to ensure that the RR receives the notice.</p> <p>During an interview on 11/26/24 at 3:17 PM, with Interim Director of Nursing (IDON) at the time of alleged incident. She stated the prior Administrator wrote the discharge letter pertaining to Resident #1. She stated she had read over the letter; however, she had never seen a discharge letter before and did not know what was supposed to be included in the letter.</p> <p>A record review of Resident #1 Admission Record revealed an admitted [DATE] with diagnoses that included Schizophrenia and Vascular Dementia with Behavioral Disturbance.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) for Resident #1, with an Assessment Reference Date (ARD) of 9/6/24, revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderate cognitive impairment.</p> <p>A review of the certified letter receipt revealed the RR signed for the letter on 9/18/24.</p>		