STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Complaint: MS #29210 Based on record review, interview, and facility policy review, the facility failed to develop and revise a comprehensive care plan in accordance with physician orders and professional standards for one (1) of three (3) residents reviewed for respiratory equipment (Resident #2). Specifically, the facility failed to update the resident's care plan to reflect a new physician order dated 1/31/25 for an auto-adjusting -(continuous positive airway pressure) C-Pap at 8-18 cm (centimeter) of H20 (water), with modem setup, and the interdisciplinary team did not review or implement updated interventions related to the resident's new therapy. Findings included: A review of the facility's Care Plans-Comprehensive, revised on 10/2016, revealed, .An individualized (person centered) comprehensive care plan that includes measurable objectives and timetables to meet the resident medical, nursing, mental and psychological needs is developed for each resident . A record review of the admission Record revealed the facility admitted Resident #2 on 7/20/2020 with current diagnoses including bipolar disorder. Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/4/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 09, which indicated he is moderately impaired. A record review of the physician prescription revealed, on 1/31/2025 Auto-C-Pap at 8-18 cm of H2O. with Modem set up. A record review of the facility's statement dated 6/19/25, and signed by the Administrator revealed, the facility failed to enter the C-Pap 1/31/25 order from physician and care plan was not created or updated to reflect the new order. A record review of Resident #2 facility progress note revealed, on 5/30/25 resident was fitted for and received his C-Pap machine on 5/28/25. A record review of the Comprehensive Care Plan revealed, on 7/20/2020 the resident had a C-Pap at 4 (four) cm and has not been updated to reflect the new order C-Pap at 8-18 cm of H2O, with Modem set up. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/16/25 at 4:00 PM, during an interview with Licensed Practical Nurse (LPN)/MDS Coordinator #1, she confirmed that Resident #2's comprehensive care plan was not updated to reflect the new CPAP prescription ordered on 1/31/25. She confirmed that comprehensive care plans are essential to ensure residents receive individualized and coordinated care. New physician orders should be reflected in the plan. On 6/18/25 at 12:38 PM, during an interview with the Director of Nurses (DON), she confirmed that the physician's order the new C-Pap machine dated 1/31/25 was not incorporated into the resident's care plan. She revealed that all new physician orders should be reflected in the care plan to guide staff in providing the appropriate care. This one was missed. On 6/18/25 at 1:00 PM, during an interview with the Administrator, she acknowledged that the interdisciplinary (IDT) team did not review or revise Resident #2's care plan in response to the 1/31/25 physician order the new C-Pap machine. The Administrator confirmed there is no documentation that the IDT met or reviewed the care plan related to the new C-Pap order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Complaint MS #29210 Based on record review, interview, and facility policy review, the facility failed to ensure services were provided and documented according to professional standards for one (1) of three (3) sampled residents receiving individual Continuous Positive Airway Pressure (C-Pap). Resident #2. Specifically, the facility failed to follow and transcribe a physician's order dated 1/31/25 for a new C-Pap machine, until 5/28/25. Findings included: A review of the facility's policy titled, Transcribing Physician Orders, revised 2/27/2012, revealed, .It is the policy of this facility to transcribe and follow the attending physicians orders as written with order clarification obtained when needed . Resident #2 A record review of the admission Record revealed the facility admitted Resident #2 on 7/20/2020 with current diagnoses including bipolar disorder. Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/4/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 09, which indicated he is moderately impaired. A record review of the physician prescription revealed, on 1/31/2025 Auto-(continuous positive airway pressure) C-Pap at 8-18 (centimeter) cm of (water) (H2O), with Modem set up. A record review of the facility's statement dated 6/19/25, and signed by the Administrator revealed, the facility failed to enter the C-Pap 1/31/25 order from physician. A record review of Resident #2 facility progress note revealed, on 5/30/25 resident was fitted for and received his C-Pap machine on 5/28/25. On 6/18/25 at 12:38 PM, during an interview with the Director of Nurses (DON) confirmed that on 1/31/25 following the resident sleep study examination, his physician recommended the resident have a new C-Pap with mask. On 2/6/25 the DON supplied the Administrator with quotes on renting the C-Pap quotes and or purchase of a new machine. On 5/26/25 she received authorization from the Administrator to rent the new C-Pap for Resident #2 and it was supplied to the resident on 5/28/25. On 6/18/25 at 1:00 PM, during an interview with the Administrator confirmed that she received new orders from the DON for Resident #2 to have a new C-Pap machine on 1/31/25. Following she received several quotes from the DON that she gave authorization for the C-Pap on 5/26/25 to the DON. During a phone interview on 6/18/25 at 4:00 PM, the Nurse Practitioner (NP) confirmed that Resident #2 was ordered a new C-Pap by his pulmonologist on 1/31/25, following his sleep study. The importance of receiving a new C-Pap for maintaining optimal therapy effectiveness and ensuring hygiene during that time C-Pap machines and components can degrade leading to reduced airflow.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, record review, and facility policy review, the facility failed to provide adequate supervision and ensure environmental safety to prevent Resident #1, a vulnerable resident, from exiting the facility unnoticed and unsupervised for one (1) of three (3) residents reviewed. Resident #1 On 6/10/25, Resident #1, who had a Brief Interview for Mental Status (BIMS) score of seven (7), was let out of the building by a lawn service worker. She exited the facility in her wheelchair unnoticed and was last seen inside the facility at 11:05 AM. She was found at 11:08 AM by a visitor walking into the facility in the facility's parking lot, approximately 145 feet from the front door of the building. The facility's failure to provide supervision and ensure environmental safety put Resident #1 and other vulnerable residents at risk for serious injury, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC), which began on 6/10/25, when Resident #1 exited the facility. The State Agency (SA) notified the Administrator of the IJ on 6/17/25 at 2:30 PM and provided an IJ Template. Based on the facility's implementation of corrective actions on 6/11/25, the SA determined the IJ and SQC to be Past Non-Compliance (PNC) and the IJ was removed as of 6/12/25 prior to the SA's entrance on 6/16/25. Findings include: A review of the facility's policy Accidents and Supervision, revised 4/3/25 revealed, Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision .to prevent accidents .Policy Explanation and Guidelines .5. Supervision - Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents . Record review of the Final Investigation revealed, .On 6/10/2025 DON (Director of Nursing) was informed by Social Services Director that she was informed by a visitor that (Resident #1) was outside in facility parking lot, in wheelchair. Social Services Director and MDS (Minimum Data Set) nurse went outside and resident was seated up in wheelchair in parking lot of facility .Staff reviewed the camera system and noted door was held open to allow resident to exit facility by lawn service vendor staff who was exiting the facility after providing lawn services to inner courtyard .Investigation revealed resident was 145 feet from the front door, weather conditions for 6/10/2025 .was as follows, at 10:00 AM the temperature was 80 degrees, cloud cover was at 37%, and humidity was 74%, wind speed was 4.3 westerly winds . Record review of the local conditions revealed on 6/10/25 at 10:00 AM to 11:00 AM was 80 degrees, cloud cover was at 37%, and humidity was 74%. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A record review of a statement by the Lawn Care Vendor revealed, .Our employee had been inside performing routine lawn maintenance at the inner courtyard. While he was waiting to be let out of the front door .a resident in a wheelchair came up behind him and followed him outside . A record review of the admission Record revealed the facility admitted Resident #1 on 5/19/2016 with current diagnoses including Heart Failure and Vascular Dementia. A record review of the Quarterly MDS with an Assessment Reference Date (ARD) of 4/15/2025 revealed Resident #1 had a BIMS score of 07, which indicated her cognition was severely impaired. Further review of Section E revealed Resident #1 did not exhibit any wandering behaviors. A record review of the Wandering Elopement Assessment, dated 4/15/25, revealed Resident #1 scored 1.0 which indicated Category of Low Risk for Wandering. On 6/16/25 at 4:00 PM, during an interview with the Administrator and Director of Nursing (DON), they confirmed that on 6/10/25 at approximately 11:05 AM, a lawn care worker opened and held the facility's front door, allowing Resident #1 to exit unsupervised. The resident was found approximately 145 feet from the entrance, sitting in her wheelchair in the parking lot. A review of the facility's surveillance video revealed the resident was outside without supervision for approximately three (3) minutes. The Administrator and DON stated Resident #1 was not care planned as an elopement risk and had not exhibited elopement behaviors prior to the incident. They acknowledged that signage was posted on the inner door instructing individuals not to allow residents to exit. However, they reported that the lawn care worker involved did not speak or read English and was unable to interpret the posted warning. Following the elopement, the facility conducted a head count of all residents. On 6/16/25 at 4:15 PM, during an interview with Licensed Practical Nurse (LPN) #1, she explained that on 6/10/25, she heard the Social Worker call her name and ask for assistance retrieving a resident who was outside. LPN #1 stated that she and the Social Worker immediately ran outside and found Resident #1 sitting in her wheelchair facing the facility entrance, approximately 145 feet from the front door. She stated the resident did not appear to be in any distress, and the weather was overcast, with no rain and mild temperatures. LPN #1 reported that they brought the resident back inside right away and notified the Director of Nursing (DON) and the Administrator. She stated the resident was assessed, and the resident's Resident Representative (RR) and medical provider were notified. On 6/16/25 at 4:30 PM, during an interview with the Social Services Director, she explained that on 6/10/25, a resident's family member informed her that a resident was outside in a wheelchair. She stated she immediately called out to LPN #1, and they both ran outside, where they found Resident #1 in her wheelchair. On 6/17/25 at 9:00 AM, during a review of the facility's surveillance video, a lawn maintenance worker opened and held the front door of the facility, allowing Resident #1 to exit unattended. The video revealed that Resident #1 was outside the facility, unsupervised, for approximately three (3) minutes. The resident was observed wearing a long-sleeved T-shirt, blue jeans, and tennis shoes. There was no rain at the time, and the resident was located in the facility's parking lot. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 6/17/25 at 9:15 AM, during a phone interview with the lawn care manager, he confirmed that one of his crew members held the front door open, allowing Resident #1 to exit the facility. The manager explained that the crew member does not speak or read English and was therefore unable to read the signage posted on the door instructing that residents are not permitted to exit unaccompanied. The facility submitted a corrective action plan as follows: On 6/10/2025 at 11:02 AM, Resident #1 exited the facility unsupervised through the front door, which was held open by a lawn service vendor employee who could not read or speak English to understand the sign posted on the door. This incident represented an Immediate Jeopardy (IJ) situation. The Administrator was presented with an IJ template by the State Agency (SA) on 6/17/2025 at 2:30 PM. On 6/10/2025 at 11:04 AM, a visiting guest leaving the facility notified staff that a resident was outside in front of the facility. Licensed Practical Nurse (LPN) #1 and the Director of Social Services immediately exited the building and assisted Resident #1 back inside. On 6/10/2025 at 11:05 AM, LPN #1 notified the Administrator and the Director of Nursing (DON). On 6/10/2025 at 11:15 AM, an investigation was initiated by LPN #1. A body audit was completed for Resident #1, and no injuries were noted. The resident was placed on hourly observations. On 6/10/2025 at 11:30 AM, the Administrator completed a head count and bed checks. All other residents were accounted for. On 6/10/2025 at 11:40 AM, the Administrator reviewed video camera footage. The footage confirmed that at 11:02 AM, a lawn service vendor exited through the front door and held the door open, allowing Resident #1 to exit the facility. On 6/10/2025 at 11:45 AM, the Administrator notified the facility's Medical Director of the incident. On 6/10/2025 at 11:45 AM, maintenance staff checked all doors for proper functioning and locking. All doors were secured, locked, and functioning properly. On 6/10/2025, the Administrator added signs to the facility's front door in Spanish to coincide with the existing signs in English, which instruct visitors not to allow residents to exit without staff present. On 6/10/2025 at 1:10 PM, the Director of Nursing notified the State Department of Health Complaint Line as well as the Attorney General's Office of Resident #1's elopement. On 6/10/2025 at 2:00 PM, Resident #1's care plan was reviewed and updated by the Minimum Data Set (MDS) nurses. A complete audit was performed by MDS on all residents identified as at risk or exhibiting wandering/elopement behaviors. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255103	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Health & Rehabilitation	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 6/11/2025 at 8:00 AM, the Director of Nursing and the Administrator initiated in-service education for staff. Topics included: Door release and observation, Elopement or missing resident policy, Procedures for identifying and responding to elopement, Post-elopement protocols. Staff will not be allowed to work until all Inservice education has been completed. On 6/11/2025, Code [NAME] drills were held by maintenance staff and the administrator during the 7 AM-3 PM and 3 PM-11 PM shifts as part of the in-service training on wandering risk and elopement procedures. On 6/11/2025 at 9:00 AM, maintenance staff re-checked all doors and locks to validate appropriate functioning. All locks were confirmed secure and operational. On 6/11/2025 at 10:00 AM, an ad hoc Quality Assurance Performance Improvement (QAPI) meeting was held with the Medical Director, Administrator, DON, Social Services Director, MDS (LPN) #1, Infection Preventionist, and RN Unit Managers. The QAPI Committee made the following recommendations: Continue staff in-service training on wandering risk, elopement procedures, and door lock protocols. Maintain hourly observation of Resident #1, as updated on the care plan dated 6/10/2025, indefinitely. No new recommendations were made following the 6/10/2025 audit of residents at risk for elopement. No other residents were identified as high risk at this time. The Administrator and Social Services reviewed the Elopement Binder on 6/10/2025. Resident #1 was added, and their face sheet and photo were included. The Administrator, DON, and Staff Development Coordinator will monitor compliance. The Wandering Resident and Elopement Policy and Procedure was reviewed on 6/11/2025; no revisions were recommended. Implement in-house maintenance staff to manage the facility's inner courtyards effective 6/11/2025. Conclusion: Based on the corrective actions taken and completed on 6/11/25, the facility alleges that Immediate Jeopardy was removed as of 6/12/25. Validation: The SA validated on 6/19/25, through interview and record review, that corrective actions to remove the Immediate Jeopardy were completed on 6/11/25, and the IJ was removed as of 6/12/25, prior to the SA's entrance on 6/16/25.