

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Ashland Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 16056 Boundry Drive Ashland, MS 38603	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47874</p> <p>Based on resident and staff interview, record review, and facility policy review, the facility failed to develop a resident specific comprehensive care plan that identified trigger specific interventions for a resident with a diagnosis of Post Traumatic Stress Disorder (PTSD) for one (1) of 19 care plans reviewed. Resident #45</p> <p>Findings Include:</p> <p>Review of the facility policy titled RAI (Resident Assessment Instrument)/Care Planning Management with a revision date of 4/2019 revealed under, The Care Plan: The Comprehensive Care Plan is completed within seven (7) days after the MDS (Minimum Data Set) is completed and reviewed quarterly thereafter.</p> <p>Review of the facility policy titled Trauma Informed Care with a revision date of 10/2022 revealed under, Policy Explanation and Compliance Guidelines: . 4. The facility will collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and any other health care professional to develop and implement individualized care plan interventions. 6. The facility will identify triggers, which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident, and will be added to the residents care plan .</p> <p>Record review of Resident #45's Care Plan Report revealed under, Focus: The resident uses psychotropic medications r/t (related to) anxiety and depression and PTSD (Post Traumatic Stress Disorder). The care plan was not developed for triggers or trigger-specific interventions for PTSD.</p> <p>On 2/26/25 at 8:50 AM, an interview with Resident #45 confirmed that he suffered from Post Traumatic Stress Disorder due to serving in combat and some childhood mistreatment. He admitted that loud noises and other certain things bothered him leading to less sleep, which increased his anxiety.</p> <p>An interview with the Minimum Data Set (MDS) Nurse on 2/26/25 at 9:15 AM confirmed Resident #45's Post Traumatic Stress Disorder (PTSD) care plan was not developed to include trigger specific interventions. She admitted that the staff would not know what the residents' triggers were because they were not listed.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/26/25 at 9:24 AM, an interview with the Administrator (ADM) confirmed that Resident #45's care plan should have reflected his history of trauma and been developed so that staff would know how to care for the resident.</p> <p>Record review of the Admission Record revealed the facility readmitted Resident #45 on 10/02/24 with medical diagnoses that included Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, and Major Depressive Disorder.</p> <p>Record review of the MDS with an Assessment Reference Date (ARD) of 1/13/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #45 was cognitively intact.</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>47874</p> <p>Based on resident and staff interview, record review, and facility policy review, the facility failed to complete a trauma informed care assessment for a resident with a diagnosis of Post Traumatic Stress Disorder (PTSD) for one (1) of 53 residents residing in the facility. Resident #45</p> <p>Findings Include:</p> <p>Review of the facility policy titled Trauma Informed Care with a revision date of 10/22 revealed, Standard: It is the standard of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally-competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization .</p> <p>Record review of the Admission Record revealed the facility readmitted Resident #45 on 10/02/24 with medical diagnoses that included Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, and Major Depressive Disorder.</p> <p>Record review of the Admission Social History dated 10/03/24 for Resident #45 revealed there was no documentation regarding Post Traumatic Stress Disorder.</p> <p>Record review of the Trauma Screen for Resident #45 dated 11/21/23 revealed, under, 2. Have you ever experienced a type of event that was unusually or especially frightening, horrible, or traumatic? No was answered. Also revealed under, C. War? No and D. Physical, emotional or sexual abuse at any age? No was answered.</p> <p>An interview with Resident #45 on 2/26/25 at 8:50 AM revealed he did suffer from Post Traumatic Stress Disorder and explained that certain things bothered him (triggers). He revealed that he served 4 years in the marines and served in combat. Resident #45 explained he also experienced traumatic events and was mistreated as a child, and was out on his own at the age of 16. He stated that if he does not get enough sleep at night, his anxiety increases and his mood suffers. He admitted that he has had roommates in the past that kept him up at night, which exacerbated his symptoms and confirmed that loud noises and a noisy environment bothered him (triggers). Resident #45 stated that he would love to have more freedom in the facility and explained it was difficult to transition from being at home.</p> <p>An interview with Licensed Practical Nurse (LPN) #1 on 2/26/25 at 8:55 AM revealed she was not aware Resident #45 had any triggers. She stated that the resident had not reported anything to her.</p> <p>An interview with Registered Nurse (RN) #1 on 2/26/25 at 9:02 AM confirmed that Resident #45 did get upset and anxious at times and would pick at his skin. RN #1 revealed when the resident was upset, he would come and tell the staff, and they would talk it out, but admitted that she was not aware of any triggers.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Certified Nurse Aide (CNA) #1 on 2/26/25 at 9:05 AM confirmed that Resident #45 did not like loud noises and explained that the resident gets irritated with a lot of people around in his room.</p> <p>An interview with Social Services (SS) #1 on 2/26/25 at 9:09 AM confirmed that she was aware Resident #45 had Post Traumatic Stress Disorder. She confirmed that her social assessment did not mention the residents' history of combat/military service or traumatic childhood events. She acknowledged that she did not discuss his potential triggers. SS #1 explained that she knew the resident was in the military and voiced that was all she knew, and confirmed she did not make a note of it. She confirmed the residents' trauma assessment should have identified his history and potential triggers so that staff were aware of what things could cause re-traumatization.</p> <p>An interview with the Director of Nursing (DON) on 2/26/25 at 9:18 AM confirmed that the trauma assessment should have reflected his history along with his triggers. She admitted that Resident #45 had some adjustment issues after re-admitting to the facility and confirmed that the resident got nervous and picked at his skin sometimes.</p> <p>An interview with the Administrator (ADM) on 2/26/25 at 9:24 AM confirmed that Resident #45 should have had a trauma screen on admit that accurately reflected his history of trauma and triggers so that staff would know how to care for the resident.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/13/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #45 was cognitively intact.</p>		