

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Humphreys CO Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 CCC Road Belzoni, MS 39038	

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** 47157</p> <p>Based on resident representative (RR), Ombudsman, and staff interview, record review, and facility policy review the facility failed to communicate with a resident representative regarding discharge of a resident as evidenced by no notification of discharge provided to the resident/resident representative for (1) one of (3) three residents reviewed for transfer/discharge notice. (Resident #1)</p> <p>Findings include:</p> <p>Review of the facility policy titled, Discharge, revised 12/24, revealed. If a discharge is sought out by the facility, the resident and the resident representative will be given written notice. All discharges require documentation in the clinical record by the interdisciplinary [NAME] indicating the reason for the discharge that is consistent with the resident's assessment of discharge potential and change of condition, either physical or financial .</p> <p>In a phone interview with Resident #1's RR on 1/15/24 at 9:00 AM, she revealed that she was told on 12/09/24 by the previous Business Office Manager (BOM) that her dad would be allowed to come back to the facility. She then stated the very next day that the facility called the hospital and told them that Resident #1 was discharged . She stated then, I just don't see how they could discharge my dad from the facility without even discussing it with his family. The RR then stated that she nor her brother received any form of plans to discharge him in writing or verbally. She stated his Medicaid was pending, and she was making payments to the facility, and they should have taken him back.</p> <p>Review of a progress note for Resident #1 dated 12/10/24 by the Director of Nursing revealed contacted by TB (tuberculosis) nurse, she reported the MD (Medical Doctor) had cleared the resident to return to the nursing home all his tests were negative.</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>In an interview with the Administrator on 1/15/24 at 12:00 PM, he revealed that Resident #1 went to a doctor's appointment on 11/25/24 and was admitted to the hospital from the appointment. He stated the facility did not allow the resident to return to the facility related to nonpayment of financial responsibilities. He then revealed he was unable to find where a discharge notice was ever provided to the resident/resident's representative. Furthermore, he also revealed that he was also unable to find any documentation in the residents' record that discharge for nonpayment was ever discussed with the Ombudsman or the resident's representative. The Administrator then stated the importance of notifying the residents/resident representative of notification of discharge is to allow the individuals the right to appeal the decision and have the guidance of the Ombudsman. In a continued interview, the Administrator revealed that the previous BOM would have been responsible for communicating with the resident/ resident representative and providing them with the discharge notice and confirmed she was no longer employed at the facility.</p> <p>Record review of the Ombudsman Discharge list for 11/2024 revealed Resident #1 was being discharged due to max bed hold.</p> <p>In a phone interview with the Ombudsman for the facility on 1/15/24 at 2:00 PM, she confirmed that she was not aware of the facility's plans to discharge Resident #1.</p> <p>Record review of the Admission Record revealed Resident #1 was admitted by the facility on 9/26/24 with a diagnosis of Chronic Combined Systolic and Diastolic Heart Failure, End Stage Renal Disease and Dependence on Renal Dialysis. He was discharged on [DATE].</p> <p>Record review of Resident #1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/03/24, revealed in Section C a Brief Interview for Mental Status (BIMS) was scored as 11 indicating the resident was moderately cognitively impaired.</p> <p>Record review of Resident #1's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/24, revealed, Section A0310: Entry /discharge reporting coded 11-discharge assessment -return anticipated.</p>