STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255287	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pass Christian Health and Rehabiliation Center	538 Menge Avenue Pass Christian, MS 39571

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 41306 Based on staff interview, record review, and facility policy review, the facility failed to notify the medical provider until the next day that Resident #1, who was prescribed apixaban (an anticoagulant medication), had a fall for one (1) of three (3) sampled residents (Resident #1). Findings include: A review of the facility's policy titled Notification of Change in Condition, revised 12/16/2020, revealed, . Policy: The Center to promptly notify the Patient/Resident, the attending physician, and the Resident Representative when there is a change in the status or condition. Procedure .The nurse to notify the attending physician and Resident Representative when there is a(n): Accidents . A record review of the Admission Record revealed the facility admitted Resident #1 on 5/22/24 with current diagnoses including Muscle Weakness. A record review of the facility's fall investigation, dated 2/18/25 at 5:42 PM, revealed Resident #1 had a fall in the dining room and the Nurse Practitioner (NP) was not notified until the following day on 2/19/25. A record review of the facility's Change in Condition (SBAR) form, dated 2/18/25 at 5:42 PM, which was the time of the fall, revealed .C. Review and Notify 1. Primary Care Clinician Notified .2. Date/Time notified .3. Recommendation of Primary Clinician . were blank with no indication of physician notification of the fall and/or change in resident's condition. A record review of the Medication Administration Record (MAR) for February 2025, revealed Resident #1 was administered Apixaban (anticoagulant medication) two times daily for the month of February. A record review of the Discharge Instructions from the local Emergency Department (ED), dated 2/19/25, revealed Resident #1 had a diagnosis of Fall; Left hip pain; Low back pain. On 3/6/25 at 12:45 PM, an interview with License Practical Nurse (LPN) #1 confirmed that Resident #1 was found sitting on the floor attempting to get up on 2/18/25. She assisted the residents' nurse (LPN #2) with an assessment and then assisted the resident to her wheelchair and took her to her room. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/6/25 at 1:00 PM, in an interview, the Director of Nurse (DON) confirmed on 2/18/25 Resident #1 had a fall, and the medical provider was not notified until the following day on 2/19/25. She confirmed that it is the facility's policy to notify the medical providers following any type of fall. On 3/6/25 at 1:15 PM, during an interview with the NP, she confirmed that she was notified on 2/19/25 of Resident #1's fall that occurred on 2/18/25. She stated after she was notified, she requested the resident be sent to a local ED for evaluation and treatment. She confirmed if she had been notified immediately after the fall, she would have ordered the resident to be sent to the ED at that time. On 3/6/25 at 1:45 PM, during an interview, LPN #2 confirmed that she was Resident #1's nurse at the time of the fall she did not report the fall incident to the NP on 2/18/25, following the incident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 41306 Based on staff interview, record review, and facility policy review, the facility failed to ensure that resident records were complete and accurate, as evidenced by missing documentation of a post-fall assessment, including vital signs, for one (1) of three (3) sampled residents (Resident #1). Findings include: A review of the facility's policy Fall Management, revised 7/29/2019, revealed, .C. Post Fall Strategies: 1. Resident will be evaluated and post fall care provided . A record review of the Admission Record revealed, the facility admitted Resident #1 on 5/22/24 with current diagnoses including Muscle Weakness. A record review of the facility's fall investigation, dated 2/18/25 at 5:42 PM, revealed, Immediate Action Taken included that the nurse assessed vital signs and range of motion (ROM) for the resident. The resident demonstrated active ROM for all extremities and verbally denied pain or discomfort. The resident was assisted back to her wheelchair and taken to her room and placed in her bed. A record review of the electronic clinical record for Resident #1 at the time of survey including the Change in Condition (SBAR) had a Status indicating Errors A record review of the facility's Change in Condition (SBAR) form, dated 2/18/25 at 5:42 PM, which was the time of the fall, revealed the form was incomplete and did not include information including recent vital signs. The form indicated a Medication Alert due to Resident/patient is on other anticoagulant . A record review of the Medication Administration Record (MAR) for February 2025, revealed Resident #1 was administered Apixaban (anticoagulant medication) two times daily. On 3/6/25 at 12:45 PM, an interview with License Practical Nurse (LPN) #1 confirmed that Resident #1 had a fall and she assisted LPN #2 with assessing the resident before taking her to her room. During an interview with the Director of Nursing (DON) on 3/6/25 at 1:00 PM, she confirmed Resident #1 had a fall on 2/18/25, and Resident #1's nurse did not complete a detailed evaluation of the resident, including documentation of vital signs following the fall. She stated it was the facility's policy for an assessment with vital signs to be performed and recorded following a fall. During an interview with LPN #2, on 3/6/25 at 1:45 PM, she confirmed that she did not perform vital signs immediately after the fall, but she did perform an assessment. She stated she was very busy following the fall and failed to record the outcome of her assessment.