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	09/04/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interviews, record reviews, and facility policy review, the facility failed to ensure a comprehensive, resident-centered care plan was developed to address a diagnosis of Type 2 Diabetes Mellitus for one (1) of (15) sampled residents (Resident #9).Findings include:A review of the facility's policy, Plans of Care, revised 09/27/2017, revealed, .An individualized person-centered plan of care will be established by the interdisciplinary team (IDT) with the resident and/or representative(s) to the extent practicable and updated in accordance with state and federal regulatory requirement.Procedure: Develop a comprehensive plan of care for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.A record review of the admission Record revealed the facility admitted Resident #9 on 12/04/2023 with diagnoses including Type 2 Diabetes Mellitus.A record review of the Significant Change In Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/16/2025 revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated her cognition was moderately impaired. A review of Section I revealed she had a diagnosis of Diabetes Mellitus.A review of Resident #9's clinical record revealed there was no care plan developed with interventions for the diagnosis of Diabetes Mellitus.On 09/04/2025 at 11:51 AM, during an interview with Licensed Practical Nurse (LPN) #2, she stated when she began working at the facility the care plans were behind, and she had not caught them all up. She reported that she updated care plans for new admissions first and confirmed Resident #9's care plan had not been updated to address the diagnosis of Diabetes On 09/04/2025 at 3:29 PM, during an interview with the Director of Nursing (DON), she stated she was not aware Resident #9 did not have a care plan for Diabetes Mellitus. She confirmed the resident had a diagnosis of Type 2 Diabetes. The DON reported she expected all residents to have a person-centered care plan addressing their diagnoses to ensure their needs were met.On 09/04/2025 at 3:45 PM, during an interview with the Administrator, he stated he expected staff to follow professional standards in developing comprehensive resident-centered care plans for all residents to ensure quality of care was provided.

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
	255287	A. Building B. Wing	09/04/2025

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

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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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to ensure a PRN (as needed) psychotropic medication order was limited to (14) days or that the prescribing practitioner documented the rationale for extending therapy, including the duration of use, as required, which resulted in a resident continuing to receive Lorazepam beyond the regulatory limit without appropriate justification, for one (1) of five (5) residents reviewed for unnecessary medications. Resident #10 Findings include:A review of the facility's policy, Medication Management-Psychotic Medications, with a revision date of 2/21/25, revealed, . Compliance Guidelines: . 8. PRN physician orders for psychotropic medications are limited to 14 days. Except, if the physician or prescribing practitioner believes that it is appropriate to extend beyond 14 days and documents the rationale in the medical record.A record review of the admission Record revealed the facility admitted Resident #10 on 5/12/23 and readmitted on [DATE] with current diagnoses including Anxiety and Atherosclerotic Heart Disease.A record review of Resident #10's Order Summary Report revealed an active order dated 7/31/25 for Lorazepam 0.5 milligrams (mg), give two (2) tablets by mouth every two (2) hours as needed for anxiety/terminal agitation PRN. The order had no stop date.A record review of Resident #10's Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated he was moderately cognitively impaired. The MDS indicated the resident was on hospice care.A record review of the Electronic Medication Administration Record (eMAR) for August 2025 revealed Lorazepam was administered on 14 separate days (8/1/25, 8/3/25, 8/5/25, 8/6/25, 8/10/25, 8/11/25, 8/12/25, 8/13/25, 8/15/25, 8/16/25, 8/17/25, 8/26/25, 8/27/25, 8/30/25, 8/31/25). Documentation revealed only one day (8/26/25) when the resident exhibited behaviors.A record review of the eMAR for September 2025 revealed Lorazepam was administered on 9/1/25, 9/2/25, and 9/4/25, with no behaviors documented.A record review of the Roster Report and Consultation Report for the pharmacist's monthly medication review dated 8/4/25-8/7/25 revealed the consultant pharmacist recommended discontinuing the PRN Lorazepam or documenting the indication, intended duration, and rationale for continuation. The report indicated the recommendation was declined due to the resident being on hospice; however, there was no signature from the physician or nurse practitioner, and the declination was undated.On 9/3/25 at 11:55 AM, during an interview with Licensed Practical Nurse (LPN) #1, she stated Resident #10 had been on hospice since she started working at the facility in February. She stated the resident could become aggressive, but staff used Lorazepam and Morphine almost daily for comfort.On 9/4/25 at 12:29 PM, during an interview with the Director of Nursing (DON), she stated the nurse practitioner declined the pharmacist's recommendation but did not sign the form. She acknowledged she was not aware that hospice residents must still comply with the federal requirements for PRN psychotropic medications.On 9/4/25 at 12:55 PM, during a phone interview with the facility's Nurse Practitioner, she stated she was aware of the regulatory requirements and would have signed the pharmacist's recommendation if she had reviewed it.On 9/4/25 at 2:16 PM, during a phone interview with the Consultant Pharmacist, he confirmed he was aware of the Federal Regulations regarding psychotropic PRN medications limited to 14 days or the provider must provide the rationale for the extended time period and the duration, and he makes recommendations accordingly. He explained he expects the facility to understand the regulations and recommendations.On 9/4/25 at 3:48 PM, during an interview with the Administrator, he stated he was aware of the regulatory requirement and expected the facility's pharmacists and prescribers to ensure compliance, even for hospice residents.