STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255302	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senatobia Healthcare & Rehab	402 Getwell Dr Senatobia, MS 38668

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. Based on interview, record review, and the facility's policy review, the facility failed to ensure that the residents or their representatives were involved in the care planning process for two (2) of 28 residents reviewed for care planning. Residents # 21 and 87. Findings include: Record review of the facility policy titled, Care Planning-Resident Participation, revealed, Policy: This facility supports the resident's right to be informed of, and participate in, his or her care planning and treatment (implementation of care) . Resident #21 During an interview on 8/4/25 at 10:55 AM, with Resident #21 she stated that she had not attended a care plan meeting but would like to. Record review of the “admission Record” revealed the facility admitted Resident #21 on 9/6/24 with a diagnosis of Malignant Neoplasm of Endometrium. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/11/25 for Resident #21 revealed a score of nine (9), under Brief Interview for Mental Status (BIMS), indicating that the resident is mildly cognitively impaired. Resident #87 In an interview on 8/4/25 at 11:00 AM, with Resident #87 she stated that she cannot remember the last time she had care plan meeting, but it had been a while, and she would like to attend her care plan meetings. Record review of the “admission Record” revealed the facility admitted Resident #87 on 6/18/24 with a diagnosis of Chronic Atrial Fibrillation. Record review of the MDS with an ARD of 5/26/25 for Resident #87 revealed a score of 15 under BIMS indicating that the resident is cognitively intact. Interview with Social Services (SS) on 8/6/25 at 9:15 AM, she stated that she uses the ARD of the MDS to determine when care plan meetings should be held. She stated she verbally notifies the residents and asks if they want to attend on the day of the care plan but does not document if they attended the care plan or not. She further stated that she usually just calls the resident (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	representative (RR) on the ARD for the care plan meeting, stating that they do not have a form to sign that identifies who attended the care plan meeting. She further stated that Resident #21 and #87 and their RRs had not been invited to the last care plan meeting because she was behind on them. During an interview with the Administrator (ADM) on 8/6/25 at 9:18 AM he agreed it was his expectation that the residents and their representatives would be invited to the care plan meeting.

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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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and facility policy review, the facility failed to complete and transmit Comprehensive Minimum Data Set (MDS) assessments within the timeframes required by the Resident Assessment Instrument (RAI) User's Manual for (3) three of 33 MDS assessments reviewed. Residents #39, 69, and 95. Findings Include Record review of the facility policy titled MDS 3.0 Completion revealed: Policy Explanation of Compliance Guidelines: 1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident’s functional capacity, using the RAI specified by the State. 2. Types of Assessments…b. admission Assessment – Completed within 14 days of admission counting the day of admission as day #1 .Annual Assessment…completed using an Assessment Reference Date (ARD) no greater than 92 days from the most recent quarterly assessment . Resident #39 Record review of the Annual MDS with an ARD of 7/01/25 revealed the comprehensive assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Section Z item Z0500B was not dated and signed as complete by the RN (Registered Nurse) Assessment Coordinator. Record review of the “admission Record” for Resident #39 revealed the resident was admitted on [DATE] with a diagnosis including Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris. Resident #69 Record review of the Admission/Medicare 5 Day MDS with an ARD of 7/14/25 revealed the comprehensive assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #69 revealed the resident was admitted on [DATE] with a diagnosis including Periprosthetic Fracture around other internal prosthetic joint, subsequent encounter. Resident #95 Record review of the Annual MDS with an ARD of 7/2/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Section Z0500B (completion date) of the MDS was left unsigned. On 8/5/25 at 12:33 PM, in an interview with the MDS Coordinator, she stated that she was aware that the MDS assessments for Resident #95 had not been completed or transmitted timely. She stated that she had fallen behind due to the number of admissions, readmissions, and discharges. She further stated the assessments should be completed timely in order to provide an accurate depiction of each resident’s status. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/5/25 at 2:05 PM, during interview, the Administrator (ADM) stated the MDS nurse had informed him of late MDS assessments the previous day. He agreed it was his expectation that MDS assessments be completed timely but attributed the delays to an increase in admissions. Record review of the “admission Record” for Resident #95 revealed the resident was admitted on [DATE] with a diagnosis including Heart Failure.

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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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review and facility policy review the facility failed to complete and transmit the Quarterly and Discharge Minimum Data Set (MDS) assessments within the required time frame for 10 of 33 MDS assessments reviewed. Residents # 24, #35, #58, #63, #82, #90, #105, #107, #108 and #118. Findings Include Record review of the facility policy titled MDS 3.0 Completion date implemented 2/01/2025 revealed: Policy Explanation of Compliance Guidelines: 1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident’s functional capacity, using the Resident Assessment Instrument (RAI) specified by the State. 2. Types of Assessments…e. Quarterly Assessment completed using an Assessment Reference Date (ARD) no greater than 92 days from the most recent prior quarterly or comprehensive assessment. f. Discharge Assessment - completed using the discharge date at the ARD. Must be completed within 14 days of the discharge date /ARD….7. Transmission Requirements: a. All assessments shall be transmitted to the designated CMS system (iQIES) within 14 days of completion . Resident #24 Record review of the Quarterly MDS with an ARD of 7/1/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #24 revealed the resident was admitted on [DATE] with a diagnosis including Acute Posthemorrhagic Anemia. Resident #35 Record review of the Quarterly MDS with an ARD of 6/27/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #35 revealed the resident was admitted on [DATE] with a diagnosis including Acute on Chronic Diastolic Heart Failure. Resident #58 Record review of the Quarterly MDS with an ARD of 6/30/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #58 revealed the resident was admitted on [DATE] with a diagnosis including Aphasia following Cerebral Infarction. Resident #63 (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the Discharge MDS with an ARD of 3/22/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #63 revealed the resident was admitted on [DATE] with a diagnosis including Fluid Overload. Resident #82 Record review of the Quarterly MDS with an ARD of 7/1/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #82 revealed the resident was admitted on [DATE] with a diagnosis including Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease. Resident #90 Record review of the Quarterly MDS with an ARD of 6/20/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #90 revealed the resident was admitted on [DATE] with a diagnosis including Venous Insufficiency (Chronic) (Peripheral). Resident #105 Record review of the Quarterly MDS with an ARD of 7/2/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #105 revealed the resident was admitted on [DATE] with a diagnosis including Diabetes Mellitus. Resident #107 Record review of the Quarterly MDS with an ARD of 6/19/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #107 revealed the resident was admitted on [DATE] with a diagnosis including Dementia. Resident #108 Record review of the Quarterly MDS with an ARD of 6/23/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the “admission Record” for Resident #108 revealed the resident was admitted on [DATE] with a diagnosis including Heart Failure, Unspecified. Resident #118 Record review of the Quarterly MDS with an ARD of 6/20/25 revealed the assessment was not completed and/or transmitted within the required timeframes as outlined in the RAI User’s Manual. Record review of the “admission Record” for Resident #118 revealed the resident was admitted on [DATE] with a diagnosis including Metabolic Encephalopathy. An interview with the MDS Coordinator on 8/5/25 at 12:30 PM confirmed that she was aware that the MDS assessments had not been completed or transmitted timely per the RAI Manual. She stated that with the number of admissions, readmissions, and discharges, assessments had fallen behind. She stated the Administrator (ADM) had been notified and was planning to hire a part-time staff member to assist with completing MDS assessments. She further stated the assessments should be completed timely in order to provide an accurate depiction of each resident’s status. An interview with the ADM on 8/5/25 at 2:00 PM confirmed that he was aware that the MDS assessments were late. He stated the MDS nurse had informed him the previous day. He agreed it was his expectation that MDS assessments be completed timely but attributed the delays to an increase in admissions.

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately coded for one (1) of 33 MDS assessments reviewed. Resident #122.Findings Include Record review of the facility policy, “Minimum Data Set (MDS) 3.0 Completion” revealed “Policy Explanation of Compliance Guidelines: 1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident’s functional capacity, using the Resident Assessment Instrument (RAI) specified by the State. Record review of the Progress Note for Resident #122, dated 7/17/25, revealed that the resident was discharging home. Record review of Section A2105 of the Discharge MDS for Resident #122, with an Assessment Reference Date (ARD) of 7/18/25, revealed the discharge status was coded as short-term general hospital. During an interview with the MDS nurse on 8/6/25 at 9:21 AM, she confirmed that the discharge MDS for Resident #122 was inaccurately coded. She stated the resident was discharged home and acknowledged she had completed the assessment. She agreed that the purpose of ensuring accurate assessment coding is to reflect an accurate depiction of the resident's status and discharge disposition. In an interview with the Administrator (ADM) on 8/6/25 at 10:00 AM, he verified that it was his expectation that the MDS would be coded accurately. Record review of the” admission Record” revealed Resident #122 was admitted to the facility on [DATE] with a diagnosis of Fracture of Right Femur.