STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255311	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Great Oaks Rehabilitation and Healthcare Center	111 Chase Street Byhalia, MS 38611

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45598 Based on staff and resident Resident Representative (RR) interview, record review and facility policy review the facility failed to notify the RR of a change in a medication for one (1) of three (3) residents reviewed. Resident #1. Findings Included: Review of the facility policy titled, Change of Condition and Physician/Family Notification with a review date of January 2023 revealed Purpose: To ensure that resident's family and/or legal representative and physician are notified of resident changes that fall under the following categories: .A need to significantly alter treatment Procedure . the licensed nurse will contact the resident's family and their physician. On 05/15/24 at 9:20 AM, an interview with Resident #1's RR revealed that Resident #1 was admitted to the facility on [DATE] for skilled therapy services. She revealed that he had Diabetes Insipidus and had been on Hydrocortisone and Desmopressin medications since 1980. The RR revealed the Family Nurse Practitioner (FNP) at the facility discontinued the Hydrocortisone because of a possible reaction between the two drugs and did not notify her of this change. She revealed that if the FNP had called her, she could have explained his medical condition and why it was important that he continued this medication. On 05/15/24 at 9:50 AM, an interview with the Director of Nursing (DON) revealed on 03/07/24, the Assistant Director of Nursing (ADON) received a phone call from the pharmacist that Hydrocortisone could cause a drug interaction with Desmopressin Acetate and recommended that one of the two drugs be discontinued. The ADON called the FNP, who gave the order to stop the hydrocortisone. The DON revealed that the RR called and talked to the FNP on 03/25/24 and the FNP went back and ordered it after the family explained that he had been on these medications for a long time. On 05/15/24 at 1:28 PM, a phone interview with the FNP, revealed Resident #1 was a new resident transferred to them from the hospital. She revealed that the pharmacist recommended that hydrocortisone and another drug not be administered together and asked if one could be stopped. The FNP revealed that anytime a medication was changed, they were supposed to notify the resident's family. (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 05/15/24 at 1:45 PM, an interview with the ADON, revealed that their normal protocol was to send the hospital discharge orders on a new resident to the FNP to review for approval. The ADON revealed that on 03/07/24, a pharmacist called and said it was not safe to give the Hydrocortisone and the Desmopressin together due to severe drug to drug interactions and that a decision needed to be made. The ADON revealed that she called the FNP, and told her what the pharmacist had recommended, and the FNP ordered to stop the Hydrocortisone 10 milligrams (mg). The ADON revealed that they were supposed to contact the family with any changes including a medication change and that they failed to do that. The ADON revealed that she never tried to call the RR about this medication change because the FNP was rounding the next day and planned on talking to them. The ADON stated, I guess we messed up on that deal. She revealed that the resident was new to them, they weren't familiar with his history, and were thinking about the safety of the resident. The ADON revealed that from now on when there was a change, she would make sure and notify the resident family. On 05/15/24 at 3:10 PM, an interview with the Director of Nursing (DON) revealed that they were supposed to notify the resident's RR of any changes with the resident including a change in medication. She revealed the nurse or FNP should have notified Resident #1's RR of the medication change. Record review of Resident #1's Progress Notes dated 03/07/24 at 14:12 (2:12 PM) revealed, Note Text: Desmopressin Acetate Oral Tablet 0.2 MG (Desmopressin Acetate) Give 1 tablet by mouth one time a day for ENDOCRINE AND METABOLIC AGENT. Start Date: 3/7/2024. Notified FNP that (Proper Name of Pharmacy) called spoke with (Proper Name) r/t (related to) this resident is receiving the above medication and Hydrocortisone Tablet 10 MG and can cause a drug interaction, (Proper Name) asked if one of the mediations could be dc(ed) (discontinued), FNP (Proper Name) gave phone order to dc Hydrocortisone Tablet 10 MG. This progress note was signed by the ADON. Record review of Resident #1's Physician Orders revealed that Hydrocortisone 10 mg tablet was ordered by mouth two times a day on 03/06/24 and that this order was discontinued on 03/07/24. Record review of Resident #1's Medication Administration Record for March 2024 revealed that he received one dose of Hydrocortisone 10 mg on 03/06/24 at 5PM and he received one dose on 03/07/24 at 900 AM and that it was discontinued on 03/07/24 at 2:19 PM. Record review of Resident #1's Admission Record revealed Resident #1 was admitted on [DATE] and had diagnoses that included Diabetes Insipidus and Weakness. Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/13/2024, Section C revealed a Brief Interview for Mental Status (BIMS) score of 09 which indicated that he had moderate cognitive deficits.