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	05/20/2026

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 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. Based on record review, staff interview, and facility policy review, the facility failed to ensure Minimum Data Set (MDS) assessments were completed and transmitted within CMS (Centers for Medicare and Medicaid Services) required time frames for one (1) of 14 MDS assessments reviewed. Resident #30.Findings Include:Record review of CMS Version 3.0 Manual revealed under Chapter 5, Submission and Correction of the MDS Assessments.5.2 Timeliness Criteria. For all non-admission OBRA (Omnibus Budget Reconciliation Act) and PPS (Prospective Payment System) assessments, the MDS Completion Date must be no later than 14 days after the Assessment Reference Date (ARD).For Entry and Death in Facility tracking records, the MDS Completion Date must be no later than 7 days from the Event Date.An interview with the Administrator on 5/19/26 at 10:21 AM revealed the facility did not have a policy regarding the timely encoding and transmission of Minimum Data Set (MDS) assessments and stated staff followed the Resident Assessment Instrument (RAI) Manual for guidance.Record review of Resident #30's Discharge MDS with an ARD of 12/16/25 revealed the assessment was signed as completed on 1/19/26, which indicated the assessment was completed late.Record review of Resident #30's MDS Final Validation Report for target date 12/16/25 revealed the message, Assessment Completed Late: Assessment Completed Date is more than 14 days after Assessment Reference Date.Record review of Resident #30's Entry Tracking Record with an ARD of 12/23/25 revealed the assessment was signed as completed on 1/15/26, which indicated the assessment was completed late.Record review of Resident #30's Annual Assessment with an ARD of 4/14/26 revealed the assessment was signed as completed on 4/29/26, which indicated the assessment was completed late.An interview with the MDS Nurse on 5/19/26 at 9:26 AM confirmed Resident #30's Discharge, Entry, and Annual Assessments were not completed timely. She explained the facility had experienced recent staff changes in the MDS department, which delayed timely completion of assessments.An interview with the Administrator on 5/19/26 at 10:24 AM revealed his expectation was for all MDS assessments to be completed and submitted timely in accordance with CMS guidelines.Record review of the admission Record revealed the facility re-admitted Resident #30 on 4/14/25 with medical diagnoses that included Unspecified Asthma with Acute Exacerbation and Parkinson's Disease without Dyskinesia.Record review of the MDS with an ARD of 4/14/26 revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #30 was cognitively intact.

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