

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 Lisa Drive Extended Greenville, MS 38703	
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47157</p> <p>Based on resident and staff interview, record review, and facility policy review, the facility failed to accurately code a quarterly Minimum Data Set Assessment (MDS) for one (1) of 16 resident assessments reviewed. (Resident # 11)</p> <p>Findings include:</p> <p>Review of the facility policy titled, Resident Assessment, with the latest revision 09/19 revealed, .The completed assessment guides the staff in identifying key information about the resident's specific issues and objectives to develop a care plan . Any healthcare professional that completes a portion of the assessment must sign and certify the accuracy of the portion of the assessment that they have completed .</p> <p>In an interview with Resident #11 on 8/20/24 at 11:00 AM, she revealed she was not on or receiving Hospice services.</p> <p>Record review of Resident #11's Section C of the Quarterly MDS revealed on 7/08/24 a Brief Interview for Mental Status (BIMS) score was 13 indicating the resident was cognitively intact. Section: O- Special Treatments, Procedures, and Programs was coded Hospice services while a resident.</p> <p>In an interview with Licensed Practical Nurse (LPN)/MDS Nurse on 8/21/24 at 9:04 AM, she revealed after review of Resident #11's quarterly MDS that she accidentally coded that the resident was on Hospice and confirmed that Resident #11 had never been on Hospice. She then revealed the purpose of accurate coding is to get an accurate picture of the resident's needs and services required.</p> <p>In an interview with the MDS Registered Nurse (RN) Coordinator on 8/21/24 at 12:19 PM, she revealed that Resident #11 has not ever been on Hospice services and confirmed the resident's MDS assessment was coded incorrectly. She stated the purpose of accurately coding the resident assessments is to ensure the facility receives proper payment for care and to ensure the resident receives the individualized care required.</p> <p>Review of the Admission Record revealed the facility admitted Resident #11 on 4/21/23 with diagnoses that included End-stage renal disease.</p>		

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
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>47874</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to ensure a resident on a PRN (as needed) psychotropic medication had a stop date for one (1) of five (5) medication reviews. Resident #40</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Psychotropic Medication, revised 10/22, revealed Residents do not receive psychotropic drugs pursuant to a PRN (as needed) order unless that medication is necessary to treat a diagnosed a specific condition that is documented in the clinical record; and PRN orders for psychotropic drugs are limited to 14 days.</p> <p>Review of the Order Summary Report with active orders as of 8/21/24 for Resident #40 revealed an order dated 7/5/2024, Xanax oral tablet 0.5 mg (milligram) (Alprazolam) give (1) tablet by mouth every 6 (six) hours as needed for agitation . There was no stop date for the order.</p> <p>Review of the August 2024 Medication Administration Record (MAR) for Resident #40 revealed the resident received Xanax 0.5 mg on the following dates: 8/3, 8/4, 8/8, 8/9, 8/10, 8/13, 8/14, 8/15, 8/16, 8/18, 8/19, 8/20, 8/21.</p> <p>An interview with the Director of Nursing (DON) on 8/21/2024 at 12:08 PM confirmed Resident #40's PRN Xanax order did not have a stop date. She revealed the resident was on hospice and should have been re-evaluated by hospice within the 14 days to ensure the medication was needed and it could have been continued at that point.</p> <p>Review of the Admission Record revealed the facility admitted Resident #40 on 3/14/24 with a medical diagnosis of Aftercare following joint replacement surgery.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47874</p> <p>Based on staff interview and record review, the facility failed to submit accurate staffing information into the Payroll-Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. Second (2nd) Quarter 2024.</p> <p>Findings include:</p> <p>Review of the facility PBJ (Payroll-Based Journal) Instructions with a revision date of February 3, 2020 revealed, PBJ = Payroll-Based Journal - Mandated by CMS (Centers for Medicare and Medicaid Services). Each location must collect time worked by contract workers. The corporate office will submit at regular intervals</p> <p>Review of the PBJ (Payroll-Based Journal) Staffing Data Report revealed the facility triggered for excessively low weekend staffing data for the 2nd Quarter 2024 [NAME] report from CMS. Triggered=Submitted Weekend Staffing data is excessively low.</p> <p>An interview with the Administrator on 8/20/2024 at 9:25 AM, revealed, she was not aware of the facility triggering on the [NAME] report for low weekend staffing data and stated the corporate office was responsible for submitting the PBJ. She revealed the facility had been using agency staff and to her knowledge the agency hours were added by the Business Office.</p> <p>A telephone interview with Corporate Special Projects on 8/20/2024 at 3:36 PM, revealed, she was responsible for submitting the PBJ. She revealed she was not aware the facility triggered for low weekend staffing data and stated she had not received any kind of notification. She explained that she did not have contact with anyone at the facility to ensure contract/agency hours were being captured in the PBJ. She revealed the facility was responsible for adding the agency hours into the (proper name of system) and the system would automatically do a payroll interfaced sweep over every night to capture those hours. She confirmed if the agency hours were not entered manually at the facility, they would not be captured.</p> <p>Review of the PBJ total daily staffing hours submitted to CMS for the 2nd Quarter 2024 did not match the facility's staffing grid hours, which indicated inaccurate information was submitted in the PBJ.</p> <p>An interview with the Regional Supervisor on 8/21/2024 at 2:25 PM revealed, she had not received any information that the facility was triggering for low weekend staffing. She stated she was unsure how contract hours were handled, but she knew the Business Office added the agency hours into the (proper name of system) after receiving the information from the shift worked. She confirmed there could be a breakdown and revealed that was something they would have to look into.</p>		