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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255321 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Hattiesburg Health & Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 514 Bay Street Hattiesburg, MS 39401 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>47873</p> <p>Based on record review, staff interview, and facility policy review, the facility failed to transmit MDS assessments within 14 days of completion for (10) of (52) sampled residents. (Resident #3, Resident #48, Resident #52, Resident #54, Resident #81, Resident #96, Resident #98, Resident #102, Resident #116, and Resident # 134).</p> <p>Findings include:</p> <p>Review of the facility's policy, Minimum Data Set (MDS) Assessment, revised 9/2019, revealed, .The facility follows Resident Assessment Instrument (RAI) manual from Centers of Medicare and Medicaid services (CMS) for all Residents .Assessment Timing (will follow the RAI manual guidelines) .</p> <p>Record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual dated October 2019 revealed . Transmitting Data: . Assessment Transmission: Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days) .All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days).</p> <p>Resident # 3:</p> <p>A record review of the Admission Record revealed the facility admitted Resident #3 on 4/19/24 with diagnoses that included Type 2 Diabetes and Bradycardia.</p> <p>A record review of Resident #3'sDischarge MDS with an Assessment Reference Date (ARD) of 4/24/24 revealed Section Z0500B was dated 05/08/24.</p> <p>A record review of the facility's Final Validation Report revealed the assessment had been submitted on 9/25/24. Resident #3 had a target date of 04/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #48:</p> <p>A record review of the Admission Record revealed the facility admitted Resident #48 on 5/15/14 with diagnoses including Anoxic Brain Damage.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A record review of Resident #48's Quarterly MDS revealed an ARD of 8/13/2024 and Section Z0500B revealed a date of 8/20/24.</p> <p>Record review of the facility's Final Validation Report revealed the assessment target date of 08/13/24 had been submitted on 9/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #52:</p> <p>A record review of the Admission Record revealed the facility admitted Resident #52 on 10/16/2020 with diagnoses including Heart Disease.</p> <p>A record review of the Quarterly MDS with an ARD of 8/15/2024 revealed Section Z0500B was dated 8/21/24.</p> <p>A record review of the Final Validation Report revealed the assessment target date of 08/15/24 had been submitted on 9/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #54:</p> <p>A record review of the Admission Record revealed the facility admitted Resident #54 3/18/24 with the diagnoses including Type 2 Diabetes Mellitus.</p> <p>A record review of the Discharge MDS with an ARD of 06/19/24 revealed Section Z0500B was dated 07/03/24.</p> <p>A record review of the facility's Final Validation Report revealed Resident #54 Discharge Assessment with target date of 06/19/24 was transmitted on 09/25/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #81</p> <p>A record review of the facility's Admission Record revealed the facility admitted Resident #81 on 6/5/18 with diagnoses including Acute and Chronic Respiratory Failure.</p> <p>A record review of Resident #81's Quarterly MDS with an ARD of 8/6/2024 revealed Section Z0500B was dated 8/20/24.</p> <p>Record review of the facility's Final Validation Report revealed a target date of 08/6/24 was transmitted on 09/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #96</p> <p>A record review of the Admission Record revealed the facility admitted Resident #96 on 1/23/2020 with diagnoses including Unspecified Dementia and Type 2 Diabetes.</p> <p>(continued on next page)</p> | | |

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| <p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A record review of the Quarterly MDS with an ARD of 8/15/24 revealed Section Z0500B was dated 8/22/24.</p> <p>A record review of the facility's Final Validation Report revealed a target date of 08/15/24 and was transmitted on 09/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #98</p> <p>A record review of the Admission Record revealed the facility admitted Resident #98 on 5/18/23 with a diagnosis of Cerebral Palsy.</p> <p>A record review of the Quarterly MDS with an ARD of 8/12/2024 revealed Section Z0500B was dated 08/20/24.</p> <p>A record review of the facility's Final Validation Report revealed a target date of 08/12/24 and was transmitted on 09/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident # 102</p> <p>Record review of Admission Record revealed the facility admitted Resident #102 on 08/24/23 with diagnoses including Unspecified Convulsions.</p> <p>A record review of the Discharge MDS with an ARD of 05/31/24 revealed Section Z0500B was dated 06/14/24.</p> <p>A record review of the facility's Final Validation Report revealed target date of 05/31/24 and was transmitted on 9/25/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident #116</p> <p>A record review of the Admission Record revealed the facility admitted Resident #116 on 3/22/22 with diagnoses including Hemiplegia.</p> <p>A record review of Quarterly MDS with an ARD of 8/12/2024 revealed Section Z0500B was dated 08/20/2024.</p> <p>A record review of the Final Validation Report for Resident #116 revealed the MDS transmission had a Target Date of 8/12/2024 and was transmitted on 9/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>Resident # 134</p> <p>A record review of the Admission Record revealed the facility admitted Resident #134 on 05/02/24 with diagnoses including Hemiplegia and Hemiparesis Disease.</p> <p>(continued on next page)</p> | | |

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| <p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A record review of the Discharge MDS with an ARD of 05/19/24 revealed Section Z0500B was dated 05/31/24.</p> <p>A record review of the facility's Final Validation Report revealed a target date of 5/19/24 was submitted on 9/25/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.</p> <p>On 09/25/24 at 1:56 PM, during an interview with the Licensed Practical Nurse (LPN) # 1, she revealed she and the team were responsible for completing and transmitting MDS assessments. She explained the facility recently had an update in their Electric Medical Record (EMR) system which had caused delays in the submission of the MDS.</p> <p>On 09/26/24 at 8:12 AM, in an interview with the Director of Nursing (DON) she explained she was not aware that MDS Assessments were not transmitted timely, and confirmed it was the responsibility of the LPN/ MDS Coordinator to transmit the assessments. The DON stated she expected the MDS to be transmitted timely.</p> <p>On 09/26/24 at 10:32 AM, during an interview with the Administrator, he explained the MDS staff are responsible for completing and transmitting MDS assessments timely. He was unaware there were late MDS transmissions. He stated that timely submission was important for federal reporting and reimbursement processes.</p> | | |

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| <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>43283</p> <p>Based on record review, staff interview, and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the resident's status regarding hospice services for one (1) of 52 sampled residents. Resident #99</p> <p>Findings include:</p> <p>A review of the facility's policy Minimum Data Set (MDS) Assessments, revised 09/2019, revealed . Resident assessments will be conducted to assist in developing person-centered care plans. This facility follows Resident Assessment Instrument (RAI) manual from the Centers for Medicare and Medicaid Services (CMS) for all Residents regardless of payer source . The RAI process requires: a. The assessment accurately reflects the Resident's status .</p> <p>A record review of the Order Summary Report with active orders as of 09/24/24 revealed a Physician's Order, dated 11/28/23, to admit Resident #99 to hospice services.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #99 on 04/18/22 with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia and Polyneuropathy.</p> <p>A record review of the Quarterly MDS with an Assessment Reference Date (ARD) of 09/02/24 revealed in Section O Special Treatments, Procedures, and Programs under K1 Hospice Care was not selected for Resident #99.</p> <p>On 09/26/24 at 8:35 AM, during an interview with the Licensed Practical Nurse (LPN) #, 1 she revealed herself and the MDS team are responsible for completing different sections of the MDS and each individual is responsible for their own accuracy. She confirmed Resident #99 is currently on Hospice care and has been for almost one (1) year. the LPN who completed Section O of Resident #99's MDS assessment was not working today. She confirmed section O Hospice on the recent Quarterly MDS was not marked and was not accurate.</p> <p>At 9:10 AM on 09/26/24, during an interview with Registered Nurse (RN)#1/MDS nurse, she explained each person on the MDS team was responsible for ensuring MDS assessments are accurate and reflect the resident's condition. She confirmed that Resident #99 was currently on hospice services, however, the Quarterly MDS inaccurately indicated he was not on hospice services.</p> <p>At 10:10 AM on 09/26/24, during an interview with the Administrator, he explained he expected the MDS team to code each residents assessments accurately and to the follow the RAI manual and the facility's policy for any assistance needed.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48181</p> <p>Based on observation, interview and facility policy review, the facility failed to store food in accordance with professional standards for food safety related to a food item not labeled, a scoop stored in a dry bin container, a food item not refrigerated, and an opened food item not discarded after the Best Before date for one (1) of two (2) kitchen observations.</p> <p>Findings include:</p> <p>A review of the facility's policy, Food Receiving and Storage, Revised October 2017, revealed, Foods shall be .stored in a manner that complies with safe food handling practices .6. All foods will be labeled with open date at the time of unsealing .9. All foods stored in the refrigerator or freezer will be .labeled and dated .</p> <p>On 09/23/24 at 10:12 AM, an observation and interview with the Dietary Manager (DM) revealed Freezer #1 had one (1) Styrofoam cup of a frozen substance with no date or label, that the DM was unable to identify the contents. An observation of the pantry revealed one (1) opened bag of dried cranberries with a Best Before date of 7/17/24. There was one (1) opened bottle of lime juice with a facility date of 6/17/24 and the manufactures label instructed to refrigerate after opening. There was a large bin of cornmeal in which the scoop was stored in the corn meal and not in a designated area. The DM stated the dried cranberries should have been discarded and the lime juice should have been stored in the refrigerator. The DM also confirmed the scoop should not have been stored in the corn meal bin. The DM stated the staff are in-serviced every 2 weeks on food safety.</p> <p>On 09/25/24 at 1:21 PM, an interview with the Administrator revealed he was made aware by staff that the lime juice was not stored properly, and a scoop was stored in the corn meal bin.</p> | | |