STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255321	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hattiesburg Health & Rehab Center	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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and facility policy review, the facility failed to ensure residents' rights to a comfortable living environment by not ensuring comfortable room and water temperatures for residents across three (3) of four (4) halls in the facility, Halls A, B, and C.Findings include:A review of the facility's policy, Quality of Life - Homelike Environment, revised 5/2017, revealed, .Residents are to be provided with a.comfortable and homelike environment.Policy Interpretation and Implementation.2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include.h. Comfortable and safe temperatures (71 degrees Fahrenheit - 81 degrees Fahrenheit).A review of the facility's Resident Rights, undated, revealed, 1) A dignified and comfortable living environment.On 12/9/25 at 1:35 PM, during a Resident Council meeting, multiple residents reported concerns regarding room temperatures being cold while outside temperatures were in the low 30s. Resident #18 reported he informed maintenance that his room was cold and stated the room temperature did not improve following his request. Residents #138, #36, #93, #54, and #1 also reported that the temperatures in their rooms were cold. The residents also reported concerns that water temperatures in resident rooms and shower rooms were uncomfortable, stating that that the hot water felt cold.On 12/10/25 at 8:10 AM, during an interview, the Social Services Director reported she had received concerns from residents related to room temperatures and water temperatures and submitted work orders through the facility's electronic maintenance request system.On 12/10/25 at 8:33 AM, during an observation and interview, the Maintenance Director assessed room temperatures with an infrared thermometer and water temperatures with a digital thermometer on three halls identified through resident complaints. At 8:36 AM, the temperature in Room A8 (Resident #36) measured 69 degrees Fahrenheit (F) and the water temperature was 68 degrees F. At 8:44 AM, the temperature in Room B22 (Resident #1) measured 65.5 degrees F and the water temperature was 86F. At 8:48 AM, the temperature in Room B2 (Resident #138) measured 70 degrees F and the water temperature was 93 degrees F. At 8:49 AM, the temperature in Room B13 (Resident #54) measured 77 degrees F and the water temperature was 84 degrees F. At 8:55 AM, the temperature in Room B16 (Resident #93) measured 85 degrees F and the water temperature was 99.8 degrees F. At 8:57 AM, the water temperature in Room B11 measured 69.2 degrees F. The Maintenance Director reported that water required several minutes of running before reaching the temperatures measured.On 12/10/25 at 2:00 PM, during observation, the Maintenance Director rechecked room temperatures. Room A8 measured 65 degrees F. Room B2 measured 84 degrees F. Room B13 measured 88 degrees F. Room B16 measured 91 degrees F.On 12/10/25 at 2:08 PM, during an observation in the C-South shower room, the water temperature reached 100 degrees Fahrenheit after four minutes of continuous running.On 12/11/25 at 2:48 PM, during an interview, the Administrator reported the facility operates a tankless hot water system and acknowledged that water must travel through the system before reaching resident rooms. He stated his expectation was for residents to experience a consistent and comfortable living environment.

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interviews, record review, and facility policy review, the facility failed to provide complete and timely written transfer notices for six (6) of six (6) residents reviewed for hospitalizations (Residents #1, #9, #10, #12, #14, and #15). The facility did not include a clear, resident-specific reason for why each resident was sent to the hospital. Written notices were provided late for five (5) residents (Residents #1, #10, #12, and #15), and the Responsible Representative for one (1) resident (Resident #14) did not receive a written notification of the transfer at all.Findings include: A review of the facility's policy, Transfer or Discharge Notice revised November 2023, revealed, .Policy Interpretation and Implementation.4. Under the following circumstances, the notice is given as soon as it is practical but before the transfer or discharge.d. An immediate transfer or discharge is required by the resident's urgen medical needs.5. The resident and representative will be notified in writing of the following information: a. The specific reason for the transfer or discharge. Resident #1 A record review of the admission Record revealed the facility initially admitted Resident #1 on 1/12/2024 and she had current diagnoses including Hemiplegia and Hemiparesis. A record review of the Order Recap Report revealed Resident #1 had a Physician's Order, dated 10/19/25 to send to (proper name of acute hospital) ER (Emergency Room) for eval (evaluation) and tx (treatment). A record review of the Notice of Resident Transfer or Discharge, dated 10/20/25, for Resident #1 indicated the reason as The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility. It did not specify the reason for the transfer and was dated one (1) day after the transfer. Resident #9 A record review of the admission Record revealed the facility admitted Resident #9 on 05/24/2025 and she had diagnoses including End Stage Renal Disease. A record review of the Telephone/Verbal Order Signatures Details document revealed Resident #9 had a Physician's Order, dated 12/02/25 for order to send resident to (proper name of acute hospital) ER r/t (related to) respiratory distress. A record review of the Notice of Resident Transfer or Discharge, dated 12/2/25 for Resident #9 indicated, The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility. It did not specify the reason for the transfer. Resident #10 A record review of the admission Record revealed the facility initially admitted Resident #10 on 4/28/2017 and he had current diagnoses including Hemiplegia and Hemiparesis. A record review of the Order Recap Report revealed Resident #10 had a Physician's Order, dated 10/08/25 to .Send to (proper name of acute hospital) for evaluation . A record review of the Notice of Resident Transfer or Discharge, dated 10/21/25 for Resident #10 indicated, The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility. It did not specify the reason for the transfer and was dated 13 days after the resident was transferred to the hospital. Resident #12 A record review of the admission Record revealed the facility initially admitted Resident #12 on 10/10/24 with current diagnoses including Atrial Fibrillation. A record review of the Telephone/Verbal Order Signature Details document revealed Resident #12 had a Physician's Order, dated 09/30/25 for order to send to (proper name of acute hospital) r/t decreased O2 (oxygen) saturations and concern for possible blood clot . A record review of the Notice of Resident Transfer or Discharge, dated 10/6/25, for Resident #12 indicated, The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility. It did not specify the reason for the transfer and was dated seven (7) days after the resident was transferred to the hospital. Resident #14 A record review of the admission Record revealed the facility admitted Resident #14 on 11/9/2025 and he had current diagnoses including Chronic Atrial Fibrillation. A record review of the Order Recap Report revealed Resident #14 had a Physician's Order, dated 12/01/25 to send resident out to (proper name of acute hospital) ER for critical labs. A record review of the Notice of Resident Transfer or Discharge for Resident #14 indicated, The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility. It did not specify the reason for the (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	transfer and was dated ten (10) days after the date of the transfer. On 12/11/2025 at 8:01 AM, during a phone interview with the Responsible Representative (RR), he explained that he did not receive written notification of the transfer for Resident #14's hospitalization on 12/1/2025. He stated the facility had called him to inform him of the transfer, but he did not receive anything in writing. Resident #15 A record review of the admission Record revealed the facility admitted Resident #15 on 06/02/2025 and he had current diagnoses including Personal History of Transient Ischemic Attack. A record review of the Telephone/Verbal Order Signature Details document revealed Resident #12 had a Physician's Order, dated 10/25/25 to send to out to hospital. A record review of the Notice of Resident Transfer or Discharge, dated 10/28/25, for Resident #15 indicated, The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility. It did not specify the reason for the transfer and was dated three (3) days after the date of the transfer. On 12/10/2025 at 2:42 PM, in an interview with the Director of Social Services (DSS), she confirmed that she was responsible for filling in the Notice of Resident Transfer or Discharge form and mailing it to the RR when a resident is transferred to the hospital. The Director of Social Services stated she does not list a reason for the transfer to hospital because the nurse will explain the reason over the phone. The DSS acknowledged that this leaves the RR without clear information regarding the transfer. The DSS stated she will begin writing the reason that the resident was sent to the hospital from now on. On 12/11/2025 at 1:02 PM, in an interview with the Director of Nursing (DON), she acknowledged the facility's hospital transfer form did not include a reason for hospitalization for Resident #14 and that the notice was not mailed to the RR. She stated the purpose of including this information is to ensure the RR is informed. The DON explained she expected the Social Services Director to complete the area with the symptoms charted and ensure the information was sent to the family and mailed to every RR. She stated she will suggest to the Administrator that staff follow up by phone a few days after mailing the notices to confirm they were received. On 12/11/2025 at 1:18 PM, in an interview with the Administrator, he acknowledged there was no reason for hospitalization documented on the transfer forms, including Resident #14's form that was not provided to the RR. He stated the reason for the RR to receive written notification with the reason for hospitalization is to support transparency. The Administrator stated his expectation was that the Social Services Director provide a specific reason for hospitalization and mail the forms in a timely manner.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on staff interview, record review, and facility policy review, the facility failed to ensure that a resident's diagnosis of a major mental illness was accurately identified on the Pre-admission Screening and Resident Review (PASRR) at the time of admission for one (1) of twenty-nine (29) sampled residents, Resident #11.Findings include:A review of the facility's policy admission Criteria revised December 2016, revealed . Our facility will admit only those residents whose medical and nursing care needs can be met. Policy Interpretation and Implementation 1. The objectives of our admission criteria policy are to: . e. assure that the facility receives appropriate medical . records . 8. Nursing and medical needs of individuals with mental disorders . will be determined by coordination with the Medicaid Pre-admission Screening and Resident Review Program (PASARR) to the extent practicable.A record review of the facility's PASRR Completion Policy , undated, revealed The Center will a make sure that all admissions have the appropriate Patient Assessment and Resident Review (PASRR) completed. PRACTICE GUIDELINES: 1. Center Administrator will designate either the Admissions Director or Social Worker to make sure that the PASSRR and/or Level of Care (LOC) is done on all potential residents. If the referral indicates anything which might constitute an SMI (Serious Mental Illness) or ID (Intellectual Disability), the PASRR must be completed prior to admission. If the resident is deemed hospital exempted that must be clearly documented in the transfer documents prior to admission from the acute care facility.A record review of the admission Record revealed the facility admitted Resident #11 on 6/30/22 with diagnoses including Bipolar Disorder, with an onset date of 2/26/25.A record review of the Pre-admission Screening, dated 6/30/22, revealed Resident #11 had no diagnosis of Alzheimer's Disease, Dementia, or major mental illness identified at the time of admission. Further review revealed documentation that the resident was taking or had a history of taking psychotropic medications.A record review of electronic hospital records revealed Resident #11 had a Problem of Bipolar disorder that was Noted on 12/25/2014 and Updated on 4/23/25.A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/28/2025 revealed Resident #11 had a Brief Interview for Mental Status (BIMS) summary score of 13, which indicated he was cognitively intact. A review of Section I revealed he had no diagnoses of Dementia or Alzheimer's, however, the MDS indicated he had diagnoses including Psychiatric/Mood Disorders of Anxiety, Depression, and Bipolar Disorder.On 12/11/25 at 11:10 AM, during an interview with the Director of Nursing (DON) and a concurrent record review of Resident #11's Problem List with last review dated 9/25/25, she explained that the resident had a diagnosis of Bipolar Disorder, with a documented onset date of 12/25/14. She confirmed there was no diagnosis of Dementia or Alzheimer's Disease that would qualify the resident for a Level II PASRR exemption and that the PAS screening was completed inaccurately on admission dated 6/30/22. She reported that the staff member responsible for completing the PAS screening at that time was from Social Services but was no longer employed at the facility.On 12/11/25 at 2:00 PM, during an interview with Social Services, she confirmed she completes PAS screenings for all new admissions. She explained she gathers information from referral packets, electronic medical records, verbal information from the referring facility, and information obtained from families.On 12/11/25 at 3:48 PM, during an interview with the Administrator, he reported that he expects the staff member completing PAS screenings to complete them accurately and to identify any concerns to assure the facility can meet the resident's care needs.