STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interviews, record reviews and facility policy review the facility failed to implement a comprehensive care plan for two (2) of 24 residents reviewed. Resident # 41 and Resident #98. Findings include: A record review of the Comprehensive Care Plan Policy, revised 4/2025, revealed .Standard It is the standard of this facility to develop and implement to a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the resident's comprehensive assessment . Resident #98 Record review of the Care Plan Report revealed Focus: The resident has bladder incontinence . Interventions/Task .Incontinent care q (every) 2 hours and prn (as needed); Keep skin clean and dry . Record review of the Care Plan Report revealed Focus: The resident has an ADL (activities of daily living) Self-Care Performance Deficit .Interventions/Task .Incontinent care q 2 hours and prn with total assist . During an observation of peri care on 6/5/25 at 10:25 AM, after wound care by Certified Nursing Assistant (CNA) #2 and assisted by CNA #4 revealed Resident # 98 had on a heavily soiled brief, turn pad, and draw sheet. All were was soaked with putrid odor of yellow and brown stain of urine. On 06/05/25 at 2:32 PM an interview with CNA #2 stated that Resident # 98 was not her resident today. She stated that the resident sometimes requests her care, because she is used to her doing her care. She stated CNA #4 was the resident CNA for today. She confirmed that the resident was heavily soiled with foul smelling urine. She confirmed the care plan was not followed. On 6/5/25 at 2:40 PM an interview with CNA #4 confirmed that Resident # 98 was heavily soiled in urine. She stated the wound could get infection from being soaked in urine. She stated the resident prefers CNA #2 to give care. She stated that her CNA #2 is sometimes exchange resident. She stated she had not done peri care today on Resident #98. She confirmed the care plan was not followed. (continued on next page)

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
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/06/25 at 3:02 PM, during an interview the Director of Nursing (DON) stated that when a resident is left unclean and heavily soiled with urine, they are at risk of a possible infection. She stated peri care should be done every two hours. Resident #41 A record review of the Care Plan Report with initiated date of 1/22/24 revealed Focus: The resident has an ADL (activities of daily living) Self Care Performance Deficit .Interventions . The resident requires 2 staff participation to reposition and turn in bed At 11:33 AM on 6/3/25 PM, in an interview with CNA #2, explained that Resident #41 asked her to turn her over on her side before leaving her room. She replied yes and proceeded to do so. She said she got on the side of the resident and grabbed the pad up under her to pull, helping assist the resident with repositioning on her side. When the resident was all the way over to her side, the resident began to scream indicating the mattress up under her was sliding, she then looked and saw too that it was sliding off onto the floor. She said she immediately grabbed the resident upper body, to help brace the fall as much as possible but her low body hit the floor with her landing on her buttock. She says the care plan they look at shows that the resident requires two people when turning or repositioning her and that it was her fault the resident fell because she should have gone to get help instead of doing it alone. A record review of the admission Record revealed the facility admitted Resident #41 on 1/22/24 with diagnosis including Guillain-Barre Syndrome, Paraplegia, Restlessness and Agitation, Lack of Coordination and Muscle Weakness. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/27/25 revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating the resident was cognitively intact On 6/5/25 at 9:15 AM an interview with the Licensed Practical Nurse (LPN) who works as the Minimum Data Set (MDS) Nurse revealed the purpose of the care plan is for staff to determine the needs of the residents therefore, it should be followed by everyone. She says not following the care plan would not turn out good for the residents and maybe even the staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review, and facility policy review, the facility failed to provide adequate supervision, monitoring, and preadmission risk assessment to prevent a resident from exiting the facility unsupervised and without staff awareness or intervention for one (1) of twenty-four (24) sampled residents. (Resident #211). This failure resulted in Resident #211 eloping from the building on 6/4/25, for an estimated 600 feet, and being found seated on the back of a trailer in a public intersection surrounded by traffic, thereby placing the resident in Immediate Jeopardy (IJ) for serious injury, harm, impairment, or death. This situation was determined to be IJ and Substandard Quality of Care (SQC), which began on 06/04/25 when Resident #211 eloped from the facility. The State Agency (SA) notified the Administrator of the Immediate Jeopardy on 06/05/25 at 11:40 AM and provided an IJ template. The facility provided an acceptable Removal Plan on 06/05/25, in which they alleged all corrective actions to remove the IJ were completed on 06/05/2025 and the IJ removed on 06/05/2025. The SA validated Removal Plan on 06/06/25, and determined that the IJ was removed on 06/05/25, prior to SA exit. Therefore, the scope and severity for CFR 483.25(d)(1)(2) Accidents/Hazards - F689 was lowered from a J to a D while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: A review of the facility's policy titled Wandering/Elopement Risk (Revised November 2017) revealed It is the standard of this facility to identify those residents at risk for wandering/elopement and to take the appropriate steps to minimize the risk of elopement. All residents are assessed for the potential to wander prior to or upon admission. A record review of the admission Record for Resident #211 revealed an admission date of 06/03/25 with diagnoses including Unspecified Dementia and Altered Mental Status. During an observation on 06/04/25 at approximately 3:15 PM, the SA observed several staff running through the facility parking lot. It was later confirmed that Resident #211 exited the facility through the front door after the receptionist pushed the door release button. The resident was found seated on the back of a trailer at the intersection near the facility, an estimated 600 feet from the front entrance of the facility. The resident was combative, yelling, I want to go home, and had to be carried by staff until a wheelchair arrived. Record review of weather records from [NAME], MS on 06/04/25 at 3:15 PM documented a temperature of 86°F and clear skies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 06/04/25 at 3:27 PM, Licensed Practical Nurse (LPN) #2 stated she was at the nurses' station receiving report when she heard a Certified Nursing Assistant (CNA) yell, The new lady is out. She ran outside with other staff and saw the resident being retrieved, but did not witness the elopement. On 06/04/25 at 3:30 PM, LPN #3 stated she heard shouting and followed staff outside, confirming the resident was found at the intersection but she did not witness her leaving the building. On 06/04/25 at 3:37 PM, the Director of Nursing (DON) stated she was in the Administrator's office when she heard yelling. She ran outside and saw the resident sitting on the trailer in traffic. The DON confirmed the resident was combative, refused to return, and had to be physically carried while another staff retrieved a wheelchair. During an interview on 06/04/25 at 4:10 PM, the Administrator stated she heard someone yelling The lady and ran to the front door. She saw the resident sitting in the middle of the street on a trailer attached to a pickup truck. The resident was yelling, I want to go home, and Don't touch me. The Administrator confirmed the resident was carried until a wheelchair was brought. She stated the resident would be transferred to a geriatric psychiatric unit. During an interview on 06/04/25 at 4:17 PM, Certified Nursing Assistant (CNA) # 1 stated she was clocking out by the laundry area when she heard yelling. She ran to the front and joined other staff in retrieving the resident from the intersection. She described the resident as hysterical and combative. During an inteview on 06/05/25 at 8:32 AM, the Administrator confirmed that video surveillance showed the receptionist unlocking the door, allowing the resident to exit without being accompanied by staff. During an interview on 06/05/25 at 8:40 AM, the Receptionist stated she pushed the release button for the front door when Resident #211 approached, and she did not recognize the resident because she had been admitted the previous evening after the receptionist's shift. On 06/06/25 at 9:21 AM, the Resident Representative stated she was notified of the elopement and told the receptionist to let the resident out, not realizing she was a new admission. She stated it had only been 24 hours since her mother's admission and she wanted to ensure her mother's safety. During an interview on 06/06/25 at 9:46 AM, the Receptionist recalled unlocking the door for the resident between 3:00 PM and 4:00 PM during shift change. During an interview on 06/06/25 at 9:51 AM, the Administrator stated that when a new resident is admitted , the assigned nurse, DON, Assistant Director of Nurses (ADON), and Nurse Supervisor are responsible for safety monitoring until a care plan is developed. During an interview on 06/06/25 at 10:30 AM, the Family Nurse Practitioner (FNP) stated she was notified of the elopement and ordered the resident to be transferred to a local hospital for evaluation. She confirmed she does not participate in preadmission screening. On 06/05/25 at 9:56 AM, the admissions Coordinator stated she forwarded the resident's preadmission information to the DON, ADON, Administrator, Business Office, and Respiratory Director. She did not identify any concerning information at the time, although she recalled that the daughter mentioned the resident had become difficult to manage at home. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 06/06/25 at 10:53 AM, the DON stated that the facility's Wandering Risk Screen and Elopement Evaluation were completed by RN #1. She stated that all staff are responsible for monitoring newly admitted residents until a care plan is in place. During an interview on 06/06/25 at 11:20 AM, RN #1 stated she assessed the resident as confused but attributed it to a Urinary Tract Infection (UTI). She acknowledged the resident addressed her as if she were her daughter but denied knowing about the history of wandering reported by the family. During an interview on 06/06/25 at 12:18 PM, the Social Services Director (SSD) #1 stated that she is responsible for updating the facility's wandering book based on nursing assessments. She confirmed that Resident #211 had not yet been added because she was off work at the time of admission. During an interview on 06/06/25 at 1:10 PM, the SSD #1 confirmed that she added Resident #211 to the wandering binder on 06/04/25 with a photograph. Removal Plan: Corrective Actions Implemented Immediately Resident Assessment: Upon re-entry, a comprehensive full-body assessment was completed. No injuries were noted. There were no signs of bruising, bumps, skin tears, or lacerations. When asked about any discomfort, Resident #211 reported that her feet felt a little sore. The Director of Nursing (DON) removed the residents' socks and observed no redness or open areas. Acetaminophen (Tylenol) was administered in accordance with the physician's order. Vital signs were obtained and found to be within normal limits. Resident #211 became tearful and expressed a strong desire to return home, stating that her daughter was not adequately caring for her grandchildren and that she needed to be there for them. The Nurse Practitioner was promptly notified and provided an order for the Resident #211 to be transferred to the emergency room for further evaluation at a higher level of care. Resident #211's Responsible Party (RP) was contacted and informed of the situation and the new medical order. An emergency response was called, and the resident was transported by ambulance and taken to the local emergency department. Resident #211 departed the facility on a stretcher at approximately 4:15 PM. At 5:40 PM, a follow-up call was placed to the emergency department, where it was confirmed that the Resident #211 had been admitted to the Geri psych unit for continued evaluation and treatment. Implementation Date: 6/4/2025 o Official report called to the State Agency on June 4, 2025 o (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Emergency Quality Assurance and Performance Improvement (QAPI) meeting held on June 4, 2025, with leadership to review failures and prevention strategies. Staff in attendance were Administrator, DON, ADON, Infection Preventionist/RN Educator, Maintenance Director, Medical Director via telephone, Social Services #1, Social Services #2, MDS Coordinator, Wound Care, Wound Care Nurse, Rehab Manager, Environmental Services, Activities Director, RNA, Central Supply, Medical Records, Human Resources, Business Office, Staffing, Treatment Nurse Nurse Educator will conduct in-service training for all staff on wandering and elopement (new admits at risk) protocols on June 4, 2025. o Social Services will complete a 100% audit of the wandering binders to ensure all qualifying residents are included and that color photographs are added on June 4, 2025. o Central Supply Clerk, will order neon green armbands to identify residents at risk of wandering or elopement on June 4, 2025 o Maintenance Department will change the front entrance/exit door codes to prevent unauthorized exits on June 4, 2025. o DON and ADON will conduct elopement drills on every shift once a week for four weeks, then monthly thereafter, beginning on June 4, 2025. o DON and ADON will complete a 100% audit of care plans for residents identified as elopement risks to ensure their accuracy and completeness on June 4, 2025. o DON and ADON will complete a 100% audit of all resident assessments to identify those who meet criteria for wandering risk on June 4, 2025. o ADON will complete a 100% audit of the total number of residents in the facility on June 4, 2025. *No employees will be permitted to work until the assigned in-services have been completed. Validation: The SA validated on 06/06/25 through interview and record review that all actions to remove the immediacy were completed on 06/05/25. The Immediate Jeopardy was removed on 06/05/25 prior to the SA exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observations, interviews, record reviews, and facility policy review, the facility failed to provide incontinent care in an appropriate manner to related to bowel and bladder care for one (1) of 24 residents reviewed. Resident #98. Findings include: A record review of the facility's policy Perineal Care with a revision date of 12/20 revealed the purpose of the procedure is to provide cleanliness and comfort to the resident, to prevent infections and skin irritation . On 06/04/25 at 11:20 AM, during an observation of perineal care provided by Certified Nursing Assistant (CNA) 2 and assisted by CNA #3 revealed the CNAs performed perineal care and applied a clean brief. The State Agency (SA) asked CNA #2 to remove the clean brief and recheck the resident for cleanliness. CNA #2 removed the clean brief and wiped the anus area a total of seven additional times. Each time, the peri wipe was smeared with a brown substance. On 6/4/25 at 11:33 AM, an interview with CNA #3 confirmed that CNA #2 did not provide proper care. She stated that CNA #2 should wipe until the peri cloth is clean. On 6/4/25 at 11:38 AM, an interview with CNA #2 confirmed that she did not clean Resident #98 thoroughly. She stated that she should keep wiping until the wipe is clean. She acknowledged that the resident could get a urinary tract infection, yeast infection, or skin breakdown. An observation of perineal care for Resident #98 on 6/5/25 at 10:25 AM, after wound care was completed, revealed CNA #2, assisted by CNA #4, removed Resident #98's heavily soiled brief, turn pad, and draw sheet. All were soaked and had a putrid odor with yellow and brown staining from urine. On 06/05/25 at 2:32 PM, an interview with CNA #2 revealed that Resident #98 was not her assigned resident that day. She stated that the resident sometimes requests her care because she is used to her performing it. She stated that CNA #4 was the resident's assigned CNA for the day. CNA #2 confirmed that the resident was heavily soiled with foul-smelling urine. On 6/5/25 at 2:36 PM, an interview with Resident #98's Licensed Practical Nurse (LPN) revealed she had never been told that Resident #98 refused care. She stated only the nurse can change room assignments and she did not make any changes to the CNA schedule that day. On 6/5/25 at 2:40 PM, an interview with CNA #4 confirmed that Resident #98 was heavily soiled in urine. She stated the wound could get infected from being soaked in urine. She said the resident prefers CNA #2 to provide care and that CNA #2 is sometimes exchanged as the resident's caregiver. She stated she had not provided perineal care on Resident #98 that day. On 06/06/25 at 3:02 PM, an interview with the Director of Nursing (DON) stated CNA #2 should have continued to wipe until the resident was clean and used a clean wipe each time. She stated that when a resident is left unclean and heavily soiled with urine, they are at risk of a possible infection. She further stated that perineal care should be performed every two hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Health and Rehabilitation	1116 Forest Avenue Jackson, MS 39206

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #98's admission Record revealed an admission date of 4/7/25 with a diagnosis of pressure ulcer of sacral region, stage 4. A record review of Resident #98's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 4/14/25 revealed a Brief Interview for Mental Status (BIMS) score of 6, which indicates severely impaired cognition. Section GG revealed Resident #98 is dependent for hygiene toilet care.