

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review, and facility policy review, the facility failed to protect the resident's rights to be free from neglect when the resident eloped from the facility unsupervised and unmonitored and made her way to the middle of a busy intersection for (1) of 24 residents sampled. Resident #211</p> <p>The facility's failure to ensure that Resident #211 was unable to exit the facility unsupervised resulted in her running into the middle of a busy intersection located at an intersection near the facility, placing the resident in a situation that was likely to cause serious injury serious harm, serious impairment, or death.</p> <p>The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC), which began on 6/4/25, when Resident #211 exited the facility. The State Agency (SA) notified the Administrator of the IJ on 6/5/25 at 11:40 AM.</p> <p>The State Agency (SA) validated the Removal Plan on 6/6/2025 and determined that the IJ was removed on 6/5/25, prior to exit. Therefore, the scope and severity for CFR &sect;483.12 Freedom from Abuse, Neglect, and Exploitation - F600 - Scope/Severity Jwas lowered to 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.</p> <p>Findings include:</p> <p>A review of the facility's policy, Freedom of Abuse, Neglect and Exploitation, November 2019, revealed, .This facility shall not condone any acts of resident .neglect .Neglect means failure of the facility, its employees, .to provide .services to a resident that are necessary to avoid physical harm .</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.

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: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 6/4/2025 at 3:15 PM, the State Agency (SA) observed several staff running across the parking lot. It was later determined that Resident #211 had eloped from the front door of the facility. The SA observed the resident had reached the intersection of two adjoining streets near the facility. The distance from the front door of the facility to the intersection is estimated to be 600 feet. Resident #211 was sitting on the back of a trailer that was attached to a pick-up truck that was stopped at the traffic light. Approximately seven (7) cars were observed to be in the street at the time Resident #211 sat in the intersection. Several staff were engaged in removing the resident from the truck's trailer and getting her back to the facility. The resident was initially carried by the staff, but a wheelchair was brought from the facility for the remainder of the trip back. The weather was 86 degrees and sunny.</p> <p>On 6/4/2025 at 3:27 PM an interview with Licensed Practical Nurse (LPN) #2 revealed she was starting her shift and was located at the nursing station, receiving information from the day shift nurse about another resident. LPN #2 stated at approximately 3:15 PM, she heard a Certified Nursing Assistant (CNA) yell, The new lady is out. LPN #2 reported she proceeded to run after the resident with the other nurses. LPN #2 noted the resident was back in the facility at approximately 3:20 PM. LPN #2 denied seeing Resident #211 exit the building.</p> <p>On 6/4/2025 at 3:30 PM an interview with LPN #3 revealed she was at the nursing station providing information on another resident to the evening shift nurse. LPN #3 stated that at approximately 3:10 PM she heard yelling and some saying, She's gone. LPN #3 reported seeing staff running out of the building and she ran behind them. LPN #3 noted she did not see Resident #211 leave the building.</p> <p>On 6/4/2025 at 3:37 PM an interview with the Director of Nursing (DON) revealed at approximately 3:00 PM she was in the Administrators office when she heard someone yell The lady. The DON noted she ran outside with the other staff and went to the intersection to retrieve the resident and bring her back to the facility. The DON noted the resident refused to come with the staff and yelled and kicked them. The DON noted the staff had to physically pick up the resident and carry her while yelling for someone to bring a wheelchair for her. The DON reported that her assessment of the resident revealed no injuries. During the interview the Emergency Medical Transport (EMT) arrived. The DON noted the resident will be sent to a geri-psych unit.</p> <p>On 6/4/2025 at 3:49 PM, an interview with Assistant Director of Nursing (ADON) revealed she was in the Administrator's office when at approximately 3:15 PM she heard an inaudible yelling coming from the hallway. The ADON stated she walked out of the office and saw people running toward the door. The ADON noted she ran after them and noticed the resident at the intersection near the facility. The ADON reported the Resident #211 was combative and held on tightly to the trailer on which she was sitting. The ADON noted the resident yelled that she did not live at the facility and that she wanted to go home. The ADON noted the resident was returned to the facility at approximately 3:25 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 6/4/2025 at 4:10 PM, an interview with the Administrator revealed she was in her office when at approximately 3:15 PM she was alerted by someone screaming, The Lady from the hallway. The Administrator stated she ran to the front door and then to the location of the resident. The Administrator stated the resident was found at the intersection near the facility, sitting the back of a trailer that was attached to a pickup truck in the middle of the street. The Administrator stated Resident #211 was combative and resistant to coming back to the facility with the staff. The Administrator stated the resident was yelling, I want to go home, Don't touch me. The Administrator confirmed the resident was initially carried by the staff but was later placed in a wheelchair to get her back to the facility. The Administrator affirmed the resident was back in the facility at approximately 3:21 PM. The Administrator stated Resident #211 will be going to a geri psych unit.</p> <p>On 6/4/2025 at 4:17 PM an interview with CNA #1 revealed that at approximately 3:15 PM she was at the back door, near the laundry room, clocking out when she saw the resident walking and heard another staff member yell She got out. CNA #1 stated she ran back to the front of the building yelling for help. CNA #1 reported she ran out of the front door and proceeded to go along with the other staff toward the resident. CNA #1 confirmed the resident was located at the intersection near the facility, in the middle of the street, sitting on the back of a truck trailer. CNA #1 noted Resident #211 hysterical and combative. CNA #1 affirmed the resident was back in the building by approximately 3:20 PM.</p> <p>On 6/5/2025 at 8:32 AM an additional interview with the Administrator revealed she had reviewed the surveillance video and confirmed that the resident was able to exit the facility through the front door because the receptionist pushed the button that unlocks the door, allowing Resident #211 to walk out. The Administrator acknowledged that no other staff or visitors were surrounding the resident at the time she exited the facility.</p> <p>On 6/5/2025 at 8:40 AM, an interview with the Receptionist acknowledged that on 6/4/25 she was located at the receptionist desk when Resident #211 approached the door. The Receptionist stated she then pushed the button that unlocked the door and Resident #211 was able to walk out. The Receptionist affirmed that she did not recognize the resident because she was admitted to the facility the previous day after she left work.</p> <p>On 6/06/25 at 10:30 AM, an interview with the Family Nurse Practitioner (FNP) revealed she was made aware of the incident and ordered the resident sent to the hospital for physical and mental evaluation. The FNP noted she does not take part in the preadmission process.</p> <p>On 06/05/25 at 09:56 AM an interview with the Admissions Coordinator (AC) revealed when she receives pre-admission information for a resident, she forwards the information to the DON, ADON, the Administrator, the Business office and the Director of Respiratory to review the information. The AC affirmed that no information in Resident #211's preadmission documents stood out to her as worthy of concern for the resident. The AC confirmed that the resident's daughter mentioned that the resident had become more difficult to have at home.</p> <p>On 06/06/25 at 9:21 AM, during a phone interview with the Resident Representative (RR) revealed she was contacted by the facility staff regarding her mother's elopement from the facility on 6/4/25. The RR affirmed that the facility explained that the receptionist let her out, not knowing she was a resident. The RR stated it had only been 24 hours since her mother was admitted to the facility, and she wants her mother to be safe. The RR stated she has no other plan for her mother's care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 06/06/25 at 9:46 AM, an additional interview with The Receptionist revealed she recalled buzzing the resident out the front door at time between 3:00 PM and 4:00 PM. The Receptionist recalled it was during the shift change and the second shift had already arrived.</p> <p>On 6/06/25 at 9:51 AM, an additional interview with the Administrator revealed when a resident is admitted to the facility it is the responsibility of the nurse assigned to that resident as well as the DON, ADON and the Nurse Supervisor to keep the resident safe until a care plan has been done. The Administrator confirmed that from the front door of the facility to the intersection where the resident was found was 250 steps approximately 600 feet.</p> <p>On 6/06/25 10:53 AM, an interview with the DON revealed the facility's Wandering Risk Screen and Elopement Evaluation for resident #211 was completed by Registered Nurse (RN) #1. The DON noted all staff are responsible for monitoring newly admitted residents for safety until they have a care plan.</p> <p>On 6/06/25 at 11:20 AM a phone interview RN #1 acknowledged that she is responsible for completing the Elopement Evaluation and the Wandering Risk Screen for Resident #211. RN #1 noted at the time of admission her impression of the resident came from the diagnoses of Altered Mental Status and Urinary Tract Infection (UTI). RN #1 stated she noticed the resident behaving in a confused state and even addressing her as if she were her daughter. RN #1 reported she believed Resident #211's confusion was due to the UTI. RN #1 affirmed that she did not have knowledge of the RR's statement regarding Resident #211 leaving home and wandering in the streets.</p> <p>On 06/06/25 at 12:18 PM, during an interview the Social Services Director (SSD) #1 acknowledged that she is responsible for updating the book that contains residents who are prone to wander. SSD #1 confirmed that the book was not updated to include Resident #211 at the time of her elopement from the facility on 6/4/2025. SSD #1 stated that she adds residents who are prone to wander to the book based on the assessment from the nursing staff at the time of admission. SSD noted that at the time the resident was admitted on [DATE] she was off work and had planned to do the assessment the next day. SSD #1 reported she is not shown preadmission paperwork to assess prior to admission.</p> <p>On 06/06/25 at 1:10 PM, an additional Interview with SSD #1 revealed she updated the wandering binder and included color photographs on 6/4/25.</p> <p>A record review of the Admissions Record revealed the facility admitted Resident #211 on 6/3/25 with diagnoses including Unspecified Dementia and Altered mental status.</p> <p>Removal Plan:</p> <p>Corrective Actions Implemented Immediately</p> <p>Resident Assessment:</p> <p>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.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Implementation Date: 6/4/2025</p> <p>o</p> <p>Official report called to the State Agency on June 4, 2025</p> <p>o</p> <p>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</p> <p>Nurse Educator will conduct in-service training for all staff on wandering and elopement (new admits at risk) protocols on June 4, 2025.</p> <p>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.</p> <p>o Central Supply Clerk, will order neon green armbands to identify residents at risk of wandering or elopement on June 4, 2025</p> <p>o Maintenance Department will change the front entrance/exit door codes to prevent unauthorized exits on June 4, 2025.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>o ADON will complete a 100% audit of the total number of residents in the facility on June 4, 2025.</p> <p>*No employees will be permitted to work until the assigned in-services have been completed.</p> <p>Validation:</p> <p>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.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>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.</p> <p>Findings include:</p> <p>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 .</p> <p>Resident #98</p> <p>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 .</p> <p>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 .</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Resident #41</p> <p>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</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>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.</p> <p>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</p> <p>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.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, record review, and policy review, the facility failed to provide wound care in a manner to promote healing and prevent infection for one (1) of three (3) residents reviewed for wound care. Resident #98.</p> <p>Findings Include:</p> <p>A record review of the facility's policy titled Skin Management Standards, revised April 2021, revealed Bacteria are present on all skin surfaces. When the primary defense provided by intact skin is lost, bacteria will reside on the wound surface. Follow infection control policies to prevent self-contamination and cross-contamination in individuals with pressure ulcers.</p> <p>Record review of the facility policy Skin Management Standards dated 04/2021 revealed .Protocol .3. Change dressing as ordered per physician .</p> <p>An observation and interview on 06/05/25 at 9:45 AM, revealed Licensed Practical Nurse (LPN) #1, assisted by LPN #6, providing wound care for Resident #98. LPN #6 removed the resident's bed linens and brief, which were heavily soiled with yellow and brown urine. LPN #1 removed the wound vacuum and dressing, which was saturated with urine and completed the wound care as ordered. Following the procedure, LPN #1 stated he had not noticed the soiled brief and linens until after completing care. He acknowledged that peri-care should have been performed prior to wound care and that failure to do so could result in infection, deterioration of the wound bed, and delayed healing. He further stated that the urine appeared to have been present for a prolonged period, indicating the resident had not been changed recently.</p> <p>On 06/05/25 at 2:30 PM, Resident #98 stated she was typically changed only once at night and could not recall when she was last changed. She stated that staff do not check on her during the night, and she remains wet for long periods.</p> <p>On 06/05/25 at 2:50 PM, an interview with LPN #6 (wound care nurse) revealed she did not check the resident's brief prior to the procedure. She stated that wound care was initiated despite the resident being visibly soiled and confirmed that care is typically performed with CNA assistance to provide peri-care beforehand. She acknowledged that proceeding with wound care prior to hygiene could result in infection.</p> <p>On 06/06/25 at 3:09 PM, the Director of Nursing (DON) confirmed that peri-care should have been completed before wound care and that failure to do so could lead to contamination and further skin breakdown. She stated that all wound care should be provided per facility policy.</p> <p>Record review of the Order Summary Report with active orders as of 6/3/25 revealed an order dated 4/07/25 for wound vacuum application to the sacral ulcer with normal saline cleansing, pat dry, and dressing changes twice weekly and PRN (as needed) for dislodgement. Documentation of wound vac output was to be recorded each shift.</p> <p>A record review of the admission Record for Resident #98 revealed an admission date of 04/07/25 with diagnoses including a stage 4 pressure ulcer to the sacral region.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/14/25 revealed a Brief Interview for Mental Status (BIMS) score of 6, indicating severe cognitive impairment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Findings Include:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Record review of weather records from [NAME], MS on 06/04/25 at 3:15 PM documented a temperature of 86&deg;F and clear skies.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>During an interview 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Removal Plan:</p> <p>Corrective Actions Implemented Immediately</p> <p>Resident Assessment:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Implementation Date: 6/4/2025</p> <p>o</p> <p>Official report called to the State Agency on June 4, 2025</p> <p>o</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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</p> <p>Nurse Educator will conduct in-service training for all staff on wandering and elopement (new admits at risk) protocols on June 4, 2025.</p> <ul style="list-style-type: none"> 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. <p>*No employees will be permitted to work until the assigned in-services have been completed.</p> <p>Validation:</p> <p>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.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on record reviews and interviews, the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to maintain implemented procedures and monitor the interventions the committee put into place in December 2023. This was for two (2) recited deficiencies originally cited in December 2023 on an annual recertification survey. The deficiencies were in the area of the care plan not being followed and infection control. The continued failure during two surveys shows a pattern of the facility's inability to sustain an effective QAPI Committee for two (2) of seven (7) deficient practice citations.</p> <p>Findings Include:</p> <p>Record review of the facility's policy, Quality Assessment and Performance Improvement, September 2019, revealed, .It is the standard of this facility to .c. Develop and implement appropriate plans of action to correct identified quality deficiencies .</p> <p>F656:</p> <p>Based on interviews, record reviews, and a review of facility policy, the facility failed to ensure a Certified Nursing Assistant followed the comprehensive care plan when repositioning one (1) of 24 sampled residents Resident #41</p> <p>F880</p> <p>Based on observation, interview, record reviews, and facility policy review, the facility failed to prevent the possibility of the spread of infection during Percutaneous Endoscopic Gastrostomy (PEG) care for Resident #14 and during suprapubic catheter care for Resident #62 for two (2) of five (5) care observations.</p> <p>Record review of the Statement of Deficiencies and Plan of Correction (Form 2567) from the previous annual survey in December 2023, revealed F656 was cited due failure to implement a care plan directive and F880 was cited regarding improper catheter care.</p> <p>On 06/06/25 at 3:04 PM, an interview with the Administrator revealed she affirmed that deficiencies from the previous annual survey were found during this survey. The Administrator stated there will be a plan of correction to address the deficiencies and her expectation is to maintain improvement and increase quality of care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to prevent the possibility of the spread of infection during Percutaneous Endoscopic Gastrostomy (PEG) care for Resident #14 and during suprapubic catheter care for Resident #62 for two (2) of five (5) care observations.</p> <p>Findings include:</p> <p>A record review of the facility's policy Incontinence Management Suprapubic Catheter Care with a revision date of 1/2020 revealed Objective To promote hygiene, comfort, and reduce migration of infectious organisms to the bladder .Procedure: 8. Clean around the area where the catheter enters the abdomen in a circular motion, moving in a bullseye pattern out to 2-3 inches beyond where catheter enters abdomen .</p> <p>A record review of the facility policy Infection Control Enhanced Barrier Precautions dated 2024 revealed . The Centers for Disease control and Prevention (CDC) recommends using Enhanced Barrier Precautions (EBP) with residents, regardless of Multidrug-resistant Organisms (MDRO) status, who have . an indwelling medical device such as a feeding tube .Post signs outside of residents 'rooms that state the required precautions and Personal Protective Equipment (PPE) and the resident care activities that need a gown and gloves .</p> <p>Resident #14</p> <p>On 6/4/25 at 12:08 PM, during an observation Licensed Practical Nurse (LPN) #4, administered medications to Resident #14 via the PEG tube. LPN #4 did not don (put on) a gown as indicated on EBP prior to medication administration.</p> <p>On 6/4/25 at 12:22 PM, an interview with LPN #4 confirmed that she did not put on a gown before giving medication via PEG tube. She stated she was supposed to put on a gown prior to giving medication. She stated the reason for the gown is to protect the residents from her. She confirmed she had been trained on EBP and forgot to apply the gown.</p> <p>On 6/6/25 at 2:25 PM, during an interview with Registered Nurse #2 (RN)/Infection Preventionist (IP), she stated LPN #4 should have put on a gown prior to giving medication via PEG tube. She stated that by not wearing a gown, the nurse becomes a host and can transmit all types of infection from herself to other residents.</p> <p>On 6/6/25 at 3:24 PM, during an interview with the Director of Nursing (DON), she stated it was an infection control issue. She confirmed that LPN #4 should have worn a gown prior to beginning PEG tube care. She stated the gown prevents possible spread of infection and expects all staff to follow infection control guidelines.</p> <p>A record review of Resident # 14's admission Record revealed an admission date of 4/6/22 with diagnoses of dysphagia following unspecified cerebrovascular disease.</p> <p>A record review of Resident #14's MDS with an ARD of 3/15/25 revealed a BIMS score of 99, which indicated the resident was unable to complete the interview.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Pine Forest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #62</p> <p>On 6/4/25 at 10:38 AM, during an observation of LPN #5 providing catheter care for Resident #62 revealed LPN #5 began care using a wet soaped washcloth and cleaned the area at the entrance of the suprapubic catheter in a circular motion. She went around the site three times, flipped the cloth, and continued to clean in a circular motion two more times. She flipped the towel again and continued cleaning the site.</p> <p>On 6/4/25 at 10:53 AM, an interview with LPN #5 confirmed that she used the cloth in a circular motion several times before flipping to a clean section. She stated that performing care in this manner could transfer bacteria back into the clean area and increase risk of urinary tract or bladder infection. She stated she had been trained in catheter care.</p> <p>On 6/6/25 at 2:24 PM, during an interview with RN #2/IP nurse, she stated LPN #5 should have wiped once in a circular motion, then folded the washcloth to a clean section for each wipe. She stated that the technique used by LPN #5 could increase the chance of Resident #62 developing an infection, fever, or chills.</p> <p>On 6/6/25 at 3:18 PM, during an interview with the DON, she stated LPN #5 should have flipped the washcloth with each wipe. She confirmed that the method used placed the resident at increased risk for infection.</p> <p>A record review of Resident #62's admission Record revealed an initial admission date of 7/15/22 with diagnoses including neuromuscular dysfunction of bladder.</p> <p>A record review of Resident # 62's Medication Review Report dated 6/6/25 revealed an order dated 7/24/2023 Suprapubic Cath (catheter) care - Clean with soap and H2O (water) every shift.</p> <p>A record review of Resident # 62's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.</p>		