

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Lamar Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6428 US Highway 11 Lumberton, MS 39455	

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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37415</p> <p>MS CI #25290</p> <p>Based on observation, staff and resident interviews, record review, and facility policy review, the facility failed to ensure residents dignity, physical, mental or psychosocial needs were met as evidenced by residents not receiving assistance with incontinence care in a reasonable timeframe for two (2) of 17 sampled residents. (Resident #8 and Resident #34)</p> <p>Findings include:</p> <p>Review of the facility's policy, Routine Resident Checks revised July 2013, revealed Staff shall make routine resident checks to help maintain resident safety and well-being. Policy Interpretation and Implementation .2. Routine resident checks involve entering the resident's room .identify whether the resident has any concerns, and see if the resident .needs toileting or assistance .</p> <p>Review of the facility's policy, Residents rights revised February 2021, revealed, Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence b. be treated with respect, kindness, and dignity .</p> <p>Record review of the facility policy Dignity revised February 2021 revealed .Policy Interpretation and Implementation .5 e. provided with a dignified dining experience .</p> <p>Resident #8</p> <p>During an observation and interview on 06/24/24 at 10:24 AM, Resident #8 was lying in bed and there was a strong odor of urine and feces. She was alert and oriented and stated she had informed Certified Nursing Assistant (CNA) #1 earlier in the morning that she had an accident with urine and a bowel movement (BM). CNA #1 told her she would be back, but she had not returned. Resident #8 explained she had to be transferred with a Hoyer lift (a type of mechanical lift) and it required two (2) staff members to provide care, therefore, she normally received care once during a shift.</p> <p>On 06/24/24 at 12:15 PM, during an observation, CNA #2 took a lunch meal tray into Resident #8's room.</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
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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/24/24 at 12:20 PM, Resident #8 explained that she still had not been changed. She was tearful and stated that she did not care for eating lunch with urine and feces on her because it was humiliating.</p> <p>On 06/24/24 at 12:45 PM, during an observation, CNA #2 removed Resident #8's lunch meal tray from her room. Resident #8 asked the CNA if they were going to clean her up and she responded that she would be back.</p> <p>On 06/24/24 at 1:00 PM, during an observation, both CNAs assigned to Resident #8 were on a lunch break.</p> <p>During an observation and interview on 06/24/24 at 2:00 PM, with Resident #8, she revealed she had not received incontinence care all day. The room continued to have a strong foul odor.</p> <p>On 06/24/24 at 2:05 PM, during an interview and observation, Resident #8 was lying in bed with a heavily soiled brief, in which feces were spilling over the top and sides of the brief. Resident #8 stated, This is what I deal with every day. She stated that she was soiled most of the time and she depended on staff for assistance to get her out of bed. Resident #8 became tearful and stated she felt degraded and nasty. She reiterated that she did not want to eat her meals while wearing a brief that was soiled.</p> <p>During an observation on 06/24/24 at 2:08 PM, CNA #1 and CNA #2 were providing incontinence care to Resident #8. Her brief and bedding were saturated with urine and feces.</p> <p>During an interview on 06/24/24 at 2:25 PM with CNA #1 and CNA #2, CNA #1 stated she was assigned to Resident #8 and had checked on her earlier this morning and she was clean with no urine or feces at that time. Both CNAs said they had to do rounds together for all the other residents on the hall and was unable to check on Resident #8 until now. CNA #2 confirmed that she gave the resident her lunch tray and picked it up. Both CNAs explained they are not allowed to clean a resident up during lunch time because they were told that it was an issue with cross contamination, and therefore, residents had to eat their meals when they were wet and soiled.</p> <p>In an interview on 06/24/24 at 3:00 PM, with Registered Nurse (RN) #1, she explained the CNAs should check on the residents every two (2) hours and that residents should not have to eat meals while lying in feces and urine. The nurse confirmed the staff does not clean the residents up during meals to prevent cross contamination, but CNAs should check on the resident's before meals and provide care at that time.</p> <p>During an interview on 06/25/24 at 11:00 AM, with the Director of Nursing (DON), she explained the CNAs should check on the residents every two (2) hours and confirmed Resident #8 should have been cleaned up before lunch. The DON confirmed the staff was trained to not provide care during meals to prevent cross contamination.</p> <p>A record review of the Face Sheet revealed the facility admitted Resident #8 on 3/5/10 with current diagnoses including Hemiplegia.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/19/24 revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact. Further review revealed she was dependent on staff for toileting hygiene.</p> <p>Resident #34</p> <p>During an observation 06/24/24 at 11:00 AM, Resident #34's family member informed RN #3 that the resident had urinated and needed assistance.</p> <p>During an observation on 06/24/24 at 12:31 PM, revealed Resident #34 was lying in bed eating her lunch and the staff had not provided incontinence care that was requested at 11:00 AM, which was prior to lunch.</p> <p>On 06/24/24 at 2:34 PM, during an observation with RN #3, Resident #34 continued to wear a heavily saturated brief.</p> <p>During an interview on 06/24/24 at 3:36 PM, with RN #3, she confirmed Resident #34's brief was saturated with urine. RN #3 said she had reported to CNA #1 and Licensed Practical Nurse (LPN) #1 that the family member had requested for the resident to be cleaned at 11:00 AM. RN #3 also confirmed she did not check back to ensure the staff had provided the requested care.</p> <p>During an interview on 06/24/24 at 3:39 PM, with LPN #1, she stated the CNAs informed her the resident had said she did not want to be bothered at that time and she did not follow up with the resident. She said she expected the CNAs to go back later and see if the resident had changed her mind.</p> <p>During an interview on 06/26/24 at 11:42 AM, with the DON, she stated the CNAs should have reported the resident's refusal to the nurse when she first refused, and they should have followed up to see if the resident had changed her mind.</p> <p>During an interview on 06/27/24 at 12:28 PM, with the Administrator, she stated she expected the staff to provide care when the resident needs it, and the residents should be treated with dignity and respect.</p> <p>A record review of the Face Sheet revealed the facility admitted Resident #34 on 6/29/18 with current diagnoses including Alzheimer's Disease.</p> <p>A record review of the Quarterly MDS with an ARD of 5/17/24 revealed Resident #34 had a BIMS score of 3, which indicated her cognition was severely impaired. Section GG revealed she required maximum assistance with toileting hygiene.</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31934</p> <p>Based on observation, resident and staff interview, and resident council minutes review, the facility failed to resolve resident repeated concerns of cold food served to the residents rooms for three (3) of six (6) months reviewed. January 2024, April 2024, and May 2024.</p> <p>Findings Include:</p> <p>Observation and interview on 06/25/24 1:00 PM with the Resident Council revealed 12 residents attended the meeting. Residents were comfortable and multiple residents vocalized concerns with the temperature of food served in their rooms. Residents denied issues with food temperatures served in dining room. Resident #70 stated the food temperature of eggs and other food delivered to his room are cold. Resident #54 confirmed his food was cold as well. Other residents stated this is an ongoing issue with cold food. Resident #54 stated the council had complained to staff multiple times for several months about the food without improvement.</p> <p>Review of the monthly grievance log minutes revealed complaints related to the temperature of their food for the following months:</p> <p>[DATE]</p> <p>April 2024</p> <p>May 2024</p> <p>Review of January 2024 minutes revealed, Food that comes to rooms still seems to be inconsistent in temperature. Majority (residents) say it is cold. The May 7, 2024 minutes revealed residents suggested heated carts for food transport to rooms. There was no evidence of attempts by the facility to resolve the grievance.</p> <p>Observation and interview 06/25/24 2:10 PM of the kitchen revealed single runner stacked open metal carts with a clear plastic cover. The Dietary Manager (DM) confirmed these carts are used to deliver food to the halls. The DM said the trays are served according to hall, starting with 100, 200, 300, then 400 halls. The DM stated she was aware the facility residents have complained about food temperatures. She explained temperatures are checked on the food holding table in the kitchen prior to plating the food.</p> <p>Interview on 06/25/24 2:50 PM with the facility Administrator revealed the facility is monitoring and talking to residents and are aware of the cold food concerns. The Administrator stated she had talked to the DM about serving trays to 100 hall then 300 hall, then 200 and 400 shorter halls. The Administrator went on to say that CMS (Centers for Medicare and Medicaid Services) did not pay the facility enough to buy insulated or heated carts for delivery of food to the halls. She stated she would have to start back at square one to address the cold food complaints.</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</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>37415</p> <p>Based on observation, staff interviews, record review, and facility policy review, the facility failed to implement comprehensive care plan interventions regarding incontinence care for two (2) of 17 care plans reviewed. (Resident #8 and Resident #34)</p> <p>Findings Include:</p> <p>Record review of the facility's policy, Care Plans, Comprehensive Person Centered revised March 2022, revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation .3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.7. The comprehensive, person-centered care plan .b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>Resident #8</p> <p>Record review of the Self-Care Deficit care plan with a start date of 4/1/24 for Resident #8 revealed . Resident is .total/depended with assist of 2 with hoyer lift .Ext/Max (extensive/maximum) assist with . toileting .Intervention Assist with ADL's (Activities of Daily Living) as needed . The role listed as Nursing Assistant.</p> <p>On 06/24/24 at 10:24 AM, Resident #8 was lying in bed and there was a strong odor of urine and feces. She was alert and oriented and stated she had informed Certified Nursing Assistant (CNA) #1 earlier in the morning that she had an accident with urine and a bowel movement (BM). CNA #1 told her she would be back, but she had not returned. Resident #8 explained she had to be transferred with a Hoyer lift (a type of mechanical lift) and it required two (2) staff members to provide care, therefore, she normally received care once during a shift.</p> <p>On 06/24/24 at 2:00 PM, during an observation and interview, Resident #8 stated she had not received incontinence care all day. The room continued to have a strong, foul odor.</p> <p>On 06/24/24 at 2:08 PM, during an observation, CNA #1 and CNA #2 were providing incontinence care to Resident #8. Her brief and bedding were saturated with urine and feces.</p> <p>During an interview on 06/24/24 at 2:25 PM with CNA #1 and CNA #2, both CNAs said they had to do rounds together for all the other residents on the hall and were unable to check on Resident #8 until now.</p> <p>During an interview on 06/25/24 at 11:00 AM, the Director of Nursing (DON) confirmed the CNAs failed to follow the comprehensive care plan by not providing incontinence care when it was needed. The DON said the CNAs should have checked on the residents every two (2) hours and she should have been cleaned before lunch.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Face Sheet revealed the facility admitted Resident #8 on 3/5/10 with current diagnoses including Hemiplegia.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/19/24 revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact. Section GG revealed she was dependent on staff for toileting hygiene.</p> <p>Resident #34</p> <p>Record review of the Urinary Incontinence and bladder incontinence care plan with a start date of 4/1/24 for Resident #34 revealed . Intervention . Assist with perineal cleansing as needed .</p> <p>On 06/24/24 at 11:00 AM, during an observation, Resident #34's family member informed Registered Nurse (RN) #3 the resident had urinated and needed assistance.</p> <p>During an observation with RN #3 on 06/24/24 at 2:34 PM, Resident #34 continued to wear a heavily saturated brief.</p> <p>During an interview on 06/26/24 at 11:42 AM, the DON confirmed the staff failed to implement the care plan intervention to provide perineal care as needed.</p> <p>During an interview on 06/27/24 at 10:52 AM, RN #3 explained the care plan was used to guide the resident's care. She expected the staff to follow the care plan by providing incontinence and perineal care as needed by the residents in a timely manner.</p> <p>A record review of the Face Sheet revealed the facility admitted Resident #34 on 6/29/18 with current diagnoses including Alzheimer's Disease.</p> <p>A record review of the Quarterly MDS with an ARD of 5/17/24 revealed Resident #34 had a BIMS score of 3, which indicated her cognition was severely impaired. Section GG revealed she required maximum assistance with toileting hygiene.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>47873</p> <p>Based on observations, staff and resident interviews, and record review, the facility failed to provide one on one (1:1) activities for residents on isolation in the COVID-19 unit for one (1) of six (6) residents (Resident #32), with the potential to affect all residents on the unit.</p> <p>Findings Include:</p> <p>Review of the facility's policy, Activity Programs revised June 2018, revealed, Activity programs are designed to meet the interest of and support the physical, mental and psychosocial well-being of each resident. Policy Interpretation and Implementation .2. Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident. 3. The activities program is ongoing and includes . independent individual activities .12. Individualized and group activities are provided that .c. reflect the . personal preferences of the residents .</p> <p>During an observation and interview on 06/24/24 at 12:00 PM, Resident #32 was in her room on the COVID-19 unit. She stated she liked to watch television (TV) but enjoyed hunting or auto channels because it reminded her of her husband. She was unable to change the TV channel by herself.</p> <p>During an observation 6/25/24 at 13:25 PM, Resident #32 was in her room, but the TV program was not on a hunting or auto channel of her preference. She stated that since she had been in the unit, no one had asked her what she liked to do or had conducted any activities with her.</p> <p>During an interview on 06/26/24 at 9:00 AM, the Activities Director (AD) stated she had been in her position for a few months and had been assessing residents to determine their interests. Resident #32 had not been assessed yet to determine her interests and preferences. She explained Resident #32 had been receiving 1:1 activities and she had documented it on the participation record, however she was unable to produce a copy of the resident's participation record.</p> <p>On 6/27/24 at 10:00 AM, Certified Nurse Aide (CNA) #3 explained that she worked five (5) days a week, 12-hour days, Monday through Friday, on the COVID-19 unit. She was the only CNA that worked the unit on the day shift. She stated she had not observed any in-room activities for the residents on the unit and has not seen anyone from Activities on the unit.</p> <p>A record review of the Face Sheet revealed the facility admitted Resident #32 on 5/31/18 and she had current diagnoses of Type 2 Diabetes Mellitus.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/23/24 revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Review of Section F revealed it was very important for Resident #32 to do her favorite activities.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48669</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff and resident interviews, record reviews and facility policy reviews, the facility failed to ensure that residents received food in a manner that was palatable and at a temperature that was satisfactory, for one (1) of 17 sampled residents. Resident #70</p> <p>Findings include:</p> <p>A review of the facility policy titled, Meal Service, (undated), revealed, Policy . Food will be delivered promptly to ensure safe, palatable and high-quality food served at the appropriate temperature .Procedure: . 6. Food will be served at palatable temperatures as discerned by customary practices</p> <p>On 6/24/24 at 10:11 AM, during an interview with Resident #70, the resident stated everything is fine with the facility, except the food. The resident stated that he prefers to eat in his room, however, he complained that all of the meals that have been brought to his room have been cold. The resident added that he has been at the facility for three (3) weeks.</p> <p>During a Resident Council Meeting that was held on 6/25/24 at 1:00 PM, Resident #70 was in attendance. While the residents were discussing their complaints regarding the temperature of the meals served in their rooms, Resident #70 stated that the eggs and other food items brought to his room were cold. Other residents mentioned that there has been a persistent problem with cold meals. The residents in the Council meeting added that there has been no improvement in food temperatures noted, despite their complaints for several months about cold food.</p> <p>In an interview with the Administrator on 6/25/24 at 2:50 PM, she stated that CMS (Centers for Medicare and Medicaid Services) had not given the facility enough money to purchase insulated carts for food delivery to the hallways.</p> <p>On 6/26/24, during a follow-up interview with Resident #70, he complained that his food remains cold. The resident added that he is only able to consume around three-fourths (3/4) of his meals and he is only able to do that because he is hungry. He stated that is the food was hot, he would eat it all.</p> <p>A record review the Face Sheet, for Resident #70 reveals the facility admitted the resident on 5/10/2024. The resident's diagnoses included Essential (Primary) Hypertension and Hyperlipidemia.</p> <p>A record review of the Minimum Data Set (MDS), for Resident #70, with Assessment Reference Date (ARD) of 6/7/24, revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>48181</p> <p>Based on staff interview, record review and facility policy review, the facility failed ensure that the Infection Preventionist was present in the QAPI (Quality Assurance and Performance Improvement) Committee for 12 of the 12 months of meetings reviewed. July 2023 through June 2024. This had the potential to affect the quality of healthcare for all residents residing in the facility.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Quality Assurance and Performance Improvement (QAPI) Program-Governance and Leadership, revised March 2020, revealed, .The Quality Assurance and Performance Improvement Program is overseen and implemented by the QAPI Committee .The following individuals serve on the committee: a. Administrator, or designee who is in a leadership role; b. Director of Nursing Services; c. Medical Director; d. Infection Preventionist .The committee meets at least quarterly (or more often as necessary) .</p> <p>Record review of the facility's QAPI Committee meeting sign in logs for the 12 meetings held from July 2023 through June 2024, documentation revealed the Infection Preventionist was not present for any of the 12 meetings.</p> <p>On 6/27/24 at 12:30 PM, during an interview with the Administrator, she acknowledged the facility's QAPI committee meets monthly, but did not have the Infection Preventionist present at all the meetings. The Administrator stated the importance of the IP being present is to improve the quality of healthcare for the residents. She stated that going forward, she will expect that the IP be present at the QAPI meetings.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>41680</p> <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on staff interviews, record reviews, and facility policy review the facility failed to ensure residents were offered Influenza and Pneumonia vaccinations as evidenced by no documentation indicating vaccinations were either offered or administered to residents who were eligible for eight (8) of the 17 sampled residents. Residents #6, #12, #13, #29, #38, #39, #48 and #70</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Influenza Vaccine, revised 8/16, revealed, . residents admitted between October 1st and March 31st shall be offered the vaccine within five (5) working days of . the resident's admission to the facility .</p> <p>Review of the facility's policy titled, Pneumococcal Vaccine, revised 8/16, revealed, .Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated .</p> <p>A record review of the medical records for Residents #6, #12, #13, #29, #38, #39, and #48 revealed no documentation these residents received the Influenza Vaccine in 2023. There was no documentation the vaccine was offered and the residents declined.</p> <p>A record review of the medical records of Residents #38, #39, #48, and #70 revealed there was no documentation of the residents previously receiving the Pneumonia Vaccine or offered by the facility and declined.</p> <p>According to medical record reviews, Residents #6, #12, #13, #29, #38, #39, and #48 should have been offered the 2023 Influenza Vaccine and Residents #38, #39, #48, and #70 should have been offered the Pneumonia Vaccine.</p> <p>On 06/27/24 at 11:54 AM, in an interview with Registered Nurse (RN) #1/Infection Preventionist (IP), she stated when a resident is admitted to the facility, she checks their medical records for vaccine history. She stated if she cannot locate the information, she will ask the resident or family for information regarding recent immunization. If the resident has not had the recent Influenza Vaccine, or has not had the Pneumonia Vaccine, if it is appropriate for the resident to receive the vaccines, she is supposed to offer the vaccine(s) to the resident. However, she confirmed that she had not followed up and offered the vaccinations to many of the residents. The IP acknowledged that the vaccine should have been offered, as it decreases the residents' chance of getting the Flu and Pneumonia.</p> <p>Record review of the Face Sheets revealed admitted s for Resident #6 as 10/12/15, Resident #12 as 9/4/20, Resident #13 as 2/28/24, Resident #29 as 10/24/19, Resident #38 as 4/2/19, Resident #39 as 1/26/22, Resident #48 as 3/20/24, and Resident #70 as 5/10/24.</p>		