

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 000	Initial Comments The State Agency (SA) conducted five (5) Complaint Investigations (CI MS #24040, CI MS #24006, CI MS #23949, CI MS #23909, and CI MS #23505) from 01/31/2024 through 02/03/2024. During the investigation the facility was found to be out of compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA identified deficient practice related to CI MS #24006 allegations of Neglect and lack of sufficient nursing staff, CI MS #23949 related to an allegation of verbal abuse. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 01/27/2024, when the facility did not ensure a licensed nurse was assigned to the Annex A Hall for the 11 AM -7 PM shift to supervise, monitor, and provide nursing services. The facility's failure to assign a licensed nurse resulted in 14 residents not receiving medications on the 11 - 7 shift on 01/27-28/2024. The facility's failure to provide a licensed nurse to administer medications resulted in four (4) residents not receiving anticoagulants, anti-seizure, pain, or insulin on 01/28/2024. The facility's failure to provide a licensed nurse on the 11-7 shift on 01/27-28/2024 placed the residents at risk, and in a situation which was likely to cause serious injury, harm, impairment, or death. On 02/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC). IJ and SQC existed at:	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/23/24

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M 000	Continued From page 1 Rule 45.17.2 Resident Rights M500 Level IV IJ existed at: Rule 45.4.1 Nursing Services M225 Level IV Rule 45.2.1 Administration M0030 Level IV The facility submitted a credible Removal Plan on 02/02/2024, at 9:52 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 02/02/2024 and the IJ removed as of 02/03/2024. The SA validated the Removal Plan on 02/03/2024 and determined the IJ was removed prior to exit. Therefore the scope and severity for Rule 45.17.2 Resident Rights M500 and Rule 45.4.1 Nursing Services M255 were lowered from a Level IV to a Level II, while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The SA did not identify deficient practice for CI MS #24040 related to Pressure Sores, Quality of Care, and Physical Environment. The SA found non-compliance with CI MS#23909 and CI MS #23505 related to Residents being left wet/soiled for extended periods and cited M620. The facility had a census of 146 at the time of the survey and held a license for 165 beds.	M 000		
M 030	45.2.1 Administrator Administrator. The term "administrator" shall	M 030		3/15/24

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M 030	Continued From page 2 mean a person who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and are delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. The administrator may be titled manager, superintendent, director, or otherwise. The administrator shall be duly licensed by the Mississippi State Board of Nursing Home Administrators. This Statute is not met as evidenced by: Level IV Based on facility policy review, record review, staff interviews, and resident interviews the facility administration failed to use its resources effectively and efficiently to ensure licensed staff was available to provide care for twenty-five (25) of (53) residents on the Annex Unit with for eight (8) hours on 1/27/24 from 11:00 PM through 7:00 AM on 1/28/24. The Licensed Practical Nurse (LPN) who was scheduled to report at 7:00 PM on 1/27/24 did not arrive for her shift at the facility. LPN #1 had worked since 7:00 AM and left the facility at 11:35 PM on 1/27/24. LPN # 2 counted the narcotic cart for Annex A hall and took the keys to the cart but did not accept responsibility for the twenty (25) residents on the Annex A hall of the facility. The Administrator, Director of Nursing (DON), and Staff Development Coordinator (SDC) were aware that the scheduled LPN did not report for her shift. Staff and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the Annex A hall of the facility between 11:35 PM and 7:00 AM. The facility failed to follow its stated practice for	M 030	1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified	

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M 030	Continued From page 3 replacing staff in case of call-ins or "no call, no shows". The Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) were aware of the staffing problem. The On-Call SDC failed to report to duty related to "limitations". The facility's failure to provide administrative oversight and supervision to ensure sufficient nursing staff to provide supervision, care and services placed residents on the South Unit at risk, and in a situation likely to cause serious injury, serious impairment, serious harm, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) on 2/02/24, which began on 1/27/24, when the facility failed to ensure sufficient licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and provided the facility with the IJ Templates. The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 pm, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24 and determined the IJ was removed on 2/03/24, prior to exit. Therefore, the scope and severity for Rule 45.2.1 Administration M0030, was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains	M 030	residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. On 02/02/2024 beginning at 4:30 P.M. Staff Development	

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M 030	Continued From page 4 compliance with regulatory requirements. Findings include: Record review of the facility policy titled, "Staffing, Sufficient and Competent Nursing", reviewed 3/2023, revealed, "Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans ...Minimum staffing requirements imposed by the state ...are not necessarily considered a determination of sufficient and competent staffing." A record review of the "Job Description: Facility Administrator", dated March 2017, revealed "Basic Function: Responsible for the overall management ...of the facility ...Supervisory Responsibilities: The Administrator supervises the Director of Nursing ...Essential Functions and Responsibilities: Operations ...Ensures that the quality and appropriateness of resident care meets or exceeds company and industry standards and ensures compliance with state and federal legal, regulatory, accreditation and reimbursement guidelines. Record review of facility "Daily Staffing Sheet" revealed no licensed staff was on duty for the Annex A hall of the facility from 11:35 PM on 1/27/24 through 7:00 AM on 1/28/24. During an interview with the ADON on 2/1/24 at 4:00 PM, he stated that it is the facilities practice that the "Registered Nurses (RN) take a call rotation and come in and work the medication cart if someone called in and coverage could not	M 030	Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. 4.Beginning 2/19/2024, the Staff Development Coordinator will audit the daily staffing sheets weekly for the upcoming week for twelve (12) weeks to monitor for any gaps in qualified nursing staff and will report those gaps to the Administrator, Director of Nursing, and Regional Nurse Consultant to ensure proper nursing levels at all times. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Regional Nurse Consultant is responsible for monitoring and compliance.	

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M 030	Continued From page 5 be found." In an interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was not aware that there was no nurse for Annex Cart A from 11:00 PM until 7:00 AM on 1/28/24. In an interview on 2/2/24 at 10:20 AM, with the Staff Development Coordinator she stated that on 1/27/24 at 7:49 PM she received a text from Licensed Practical Nurse #1(LPN) notifying her that the night nurse had called in. The SDC stated she text the Administrator, DON, and ADON at 7:55 PM. She stated that she then sent a text out to nurses to attempt to get the shift covered, but no one was available. The SCD stated that she notified the Administrator, DON, and ADON that there was no coverage. The SDC stated that no one accepted the shift from the agency website. During a further interview with the SDC she verified that she was the RN on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. In a telephone interview with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24, notifying her that the 7:00 AM to 7:00 PM nurse for the Annex had called in. The DON stated that she asked the SCD if she had reached out to all of the nurses that normally worked and the SCD told her that she had but no one could pick up the shift. The DON further stated that she had fallen asleep and reached back out at 10:55 PM to the SCD asking what the plan for that cart was. She stated that the SCD told her that no one had responded to the shift posted on the agency website and that LPN #1 left. The DON stated she reached back	M 030		

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M 030	Continued From page 6 out to the SCD around 1:27 AM but there was still no nurse. The DON stated that at some point the ADON had informed her that he was out town and could not cover the shift. The DON stated that she was also out of town and could not cover the shift. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she was aware of the SDC's medical restrictions but did not think about the SDC's limitations when she was notified there was no nurse for the Annex A hall. She stated that she did not think about needing someone to cover for her or the ADON due to them being out of town, or the SDC related to her medical restrictions. The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00 PM to 7:00 AM on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6:00 AM medication dose. On 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 AM medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 AM dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects.	M 030		

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M 030	Continued From page 7 Corrective Actions - On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. - On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am. - On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. - On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. - On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. - On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M.	M 030		

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M 030	Continued From page 8 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing.	M 030		

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M 030	Continued From page 9 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex	M 030		

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M 030	Continued From page 10 Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments,	M 030		

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M 030	Continued From page 11 audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff	M 030		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 030	Continued From page 12 interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in	M 030		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 030	Continued From page 13 regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on	M 030		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 030	Continued From page 14 Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for	M 030		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 030	Continued From page 15 adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification	M 030			

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 030	Continued From page 16 of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24.	M 030		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a	M 225		3/15/24

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 17 registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.	M 225		

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M 225	Continued From page 18 This Statute is not met as evidenced by: Level IV Based on facility policy review, record review, resident and staff interviews, the facility failed to provide: 1. sufficient qualified nursing staff to provide nursing related services to assure resident safety, as evidenced by failure to ensure a licensed nurse was present to administer medications, and monitoring for 25 of 52 residents on the Annex Hall from 11:35 PM on 1/27/24 to 7:00 AM on 1/28/24. - and 2. failed to ensure sufficient staff to provide care and services for two (2) of 22 residents reviewed. The Licensed Practical Nurse (LPN) who was scheduled to report at 7:00 PM on 1/27/24 did not arrive for her shift at the facility. Licensed Practical Nurse (LPN) #1 had worked since 7:00 AM and left the facility at 11:35 PM without on-site licensed nurse relief present. At this time, LPN # 2 counted the narcotics on the medication cart for Annex A hall and took the keys to the cart but did not accept responsibility for the twenty (25) residents on the Annex A hall of the facility. The Administrator, Director of Nursing (DON), and Staff Development Coordinator (SDC) were aware that the scheduled LPN did not show up for her shift. Staff and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the Annex A hall of the facility between 11:35 PM and 7:00 AM. The facility failed to follow its stated practice for replacing staff in case of call-ins or "no call, no shows". The Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) were aware of the staffing problem. The On-Call SDC	M 225	1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate	

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 19 failed to report to duty related to "limitations". The facility's failure to provide a licensed nurse to administer medications, and monitoring for 8 (eight) hours had the likelihood to cause all residents on Annex Cart A serious harm, serious injury, serious impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) on 2/02/24, which began on 1/27/24, when the facility's failure to ensure sufficient licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Templates. The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 PM which the facility alleged all corrective actions to remove the IJ and SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24 and determined the IJ was removed on 2/03/24, prior to exit. Therefore, the scope and severity for Rule 45.4.1 Nursing Services M225 was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Cross Reference F600, F690 and F760	M 225	staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. All staff who is calling into the facility will be required to contact the Assistant Director of Nursing, Director of Nursing or Administrator. Either on call nurse or staffing agency will be utilized for replacement in the event of a call in. 4.Beginning 2/19/2024, the Staff Development Coordinator will audit the daily staffing sheets weekly for the upcoming week for twelve (12) weeks to monitor for any gaps in qualified nursing staff and will report those gaps to the Administrator and Director of Nursing to ensure proper nursing levels at all times. The Staffing Nurse will monitor staffing	

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 20 Record review of the facility policy titled, "Staffing, Sufficient and Competent Nursing", reviewed 3/2023, revealed, "Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans ...Minimum staffing requirements imposed by the state ...are not necessarily considered a determination of sufficient and competent staffing." A record review of the "Daily Staffing Sheet" revealed that there were five (5) nurses working from 11:00 PM to 7:00 AM on 1/27/24 with only one nurse assigned on the Annex Hall. A record review of the staff timecards for 1/27/24 through 1/28/24 revealed that there were five (5) Nurses working from 11:00 PM to 7:00 AM on 1/27/24. During an interview with Licensed Practical Nurse (LPN) #1 on 2/1/24 at 10:50 AM, she revealed on 1/27/24, she notified the Staff Development Coordinator (SDC), that she did not have relief for the 7:00 PM-7:00 AM shift because the scheduled nurse did not show up. The SDC stated she would notify the Director of Nursing (DON) and the Administrator and call around to find coverage. LPN #1 stated that the SDC asked her if she would stay and administer the 9:00 PM medications. LPN #1 confirmed she worked until 11:00 PM and then LPN #2 came over to count the Annex A medication cart. She stated she counted the cart with LPN #2 and left the facility. LPN #1 then revealed when she returned to work on 1/28/24 at 7:00 AM there was not a nurse assigned to the Annex A medication cart and she noticed the 6:00 AM medications	M 225	levels daily to ensure proper staffing levels are maintained. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Staff Development Coordinator is responsible for monitoring and compliance.	

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M 225	Continued From page 21 had not been signed off as administered and stated "I was told by one of the other nurses, not sure which one, that all the administrative nurses were aware that none of the 6:00 AM medications had been administered. LPN #1 stated that , "potential concerns of there being no nurse to staff the Annex A Hall is the residents missed their medications, is the residents plan of care was not followed and that placed residents at risk to have adverse consequences such as Hypo-Hyperglycemia, unrelieved pain, seizures, and potential changes in their status that may not be identified. LPN #1 also revealed the facility consists of the 100 A and B Hall, 200 A and B Hall, and the Annex A Hall and Annex B Hall with each area having two medication carts and a nurse is supposed to be scheduled for each hall. A phone interview with LPN #2 on 1/31/24 at 1:00 PM, confirmed she counted the medication cart with LPN #1 on 1/27/24 at 11:00 PM. She stated she was assigned to the 100 Hall and only counted the narcotics for the Annex A cart until someone came in. LPN #2 confirmed she did not notify anyone that there was not a nurse for the Annex A cart. She stated she thought LPN #1 informed all the administrative staff before she left at 11:00 PM that there was no nurse for that cart. A telephone interview with LPN #3 on 1/31/24 at 2:30 PM, confirmed she worked the Annex B Hall on 1/27/24 from 7:00 PM-7:00 AM but she was unaware that the Annex A cart did not have a nurse assigned to it. She stated, "I saw LPN #1 count the medication cart with another nurse." LPN # 3 then stated that she is an agency nurse and does not know the staff very well and confirmed she did not monitor any residents on the Annex A hall and did not know they did not get	M 225		

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M 225	Continued From page 22 their morning medications. During an interview with the Assistant Director of Nursing (ADON) on 2/1/24 at 4:00 PM, he stated that the "Registered Nurses (RN) take a call rotation and come in and work the medication cart if someone called in and coverage could not be found." During an interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was not aware that there was no nurse on the Annex A hall from 11:00 PM until 7:00 AM on 1/27/24 until around 7:00 AM on 1/28/24, and that the residents did not receive their 6:00 AM medications for 1/28/24. She then revealed that the SDC was the nurse on call for 1/27/24. During an interview with the ADON on 2/2/24 at 10:05 AM, he revealed that he was not aware that there was no nurse on the Annex Hall from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications. During an interview on 2/2/24 at 10:20 AM, with the SDC, she stated that on 1/27/24 at 7:49 PM she received a text from LPN #1 notifying her that the night nurse had called in. The SDC stated she texted the Administrator, DON, and ADON at 7:55 PM. The SDC stated that initially she only received a response from the Administrator who told her that she would post the opening on the agency site. She stated that she then sent a text out to nurses to attempt to get the shift covered, but no one was available, so she notified the Administrator, DON, and ADON. The SDC stated that no one accepted the shift from the agency website. She confirmed she never received a response from the ADON. During a further	M 225		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 225	Continued From page 23 interview with the SDC she verified that she was the RN on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. SDC further stated that she did not ask LPN #2 to count the cart with LPN #1 and she found out at 8:15 AM on 1/28/24 that the residents on the Annex A cart did not receive their 6:00 AM medications. During an interview with the RN Charge Nurse #1 on 2/2/24 at 10:30 AM, she stated she was notified by the SDC at 9:10 AM on 1/28/24 that there had been no nurse coverage for the Annex A residents for the 11:00 PM-7:00 AM shift and that the residents had not received 6:00 AM medications or accu-checks and to notify the provider and responsible party, assess the residents, and obtain vital signs. During a telephone interview with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24 from Respiratory Therapist #1 (RT) notifying her that the 7:00 PM to 7:00 AM nurse for Annex A hall had called in. She stated that at that time she noticed that she had received a text at 7:58 PM from the SDC notifying her of the same thing. The DON stated that she asked the SDC if she had reached out to all the nurses that normally worked and the SDC told her that she had but no one could pick up the shift. The DON then stated that she had fallen asleep and last talked to the SDC at 10:00 PM. The DON further stated that at 10:55 PM she reached out to the SDC asking what the plan for that cart was. She stated that the SDC told her that no one had responded to the shift posted on the agency website and that LPN #1 had left. The DON stated that at 1:27 AM she reached back out to the SCD around but	M 225		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 24 there was still no nurse. The DON stated that at some point the ADON had informed her that he was out town and could not cover the shift. The DON stated that the agency nurse who was working the other cart on the Annex Hall told her that she had come to the desk and made rounds on the residents but did not administer the 6:00 AM medications. The DON stated that usually if there is no nurse for a certain cart then the nurses who are on duty will administer the medications. The DON stated that when she found out the residents had not received their medications, she informed the SDC to instruct the RN supervisor to assess the residents, notify the nurse practitioner and the responsible party. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she was aware of the SDCs medical restrictions but did not think about the SDCs limitations when she received the call. Resident #1 During an interview with Resident #1 on 1/31/24 at 9:30 AM, revealed they frequently must wait long periods of time for someone to provide incontinent care. Resident #1 stated "It is worse on the night shift because they do not have enough staff." Resident #1 reported that he has sat in his bowel movement (BM) for an entire shift. During an interview with Anonymous Resident # 2 on 1/31/24 at 11:15 AM revealed the staff does not come in to check or change them at all on the night shift. During a phone interview with Anonymous Staff #1 on 1/31/24 at 5:45 PM, stated that there are	M 225		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 25 not enough staff members to take care of the residents on the Annex and they are neglected. Staff #1 also stated that most of the residents are dependent, and it takes two staff members to care for them and some residents do not get changed all night. A phone interview with Anonymous Staff #2 on 1/31/24 at 7:14 PM, stated that the Annex does not have enough staff to take care of residents and the nurses do not help. They also stated that residents stay wet for extended periods of time. During an observation and interview on 2/1/24 at 12:35 AM, upon entering the Annex Hall observed two nurses sitting behind the Annex nursing desk. Two Certified Nurse assistants (CNAs) were standing in front of the desk and one CNA was walking towards the desk. An interview with Licensed Practical Nurse (LPN) #5 revealed she was working on the 11 PM to 7 AM assignment for the CNAs. She stated "We were waiting for staff to arrive, we had four CNAs scheduled, one was a no call no show, the other did not arrive until 12:00 AM." An observation of Resident #1 with CNA #1 on 2/1/24 at 12:58 AM, revealed the room had a strong urine odor. Resident #1 was observed lying on his right side covered with a sheet and was observed to be wet with urine from the mid chest area to the bottom of the sheet. CNA #1 pulled back the top sheet from Resident #1 and the bottom sheet was soaked with urine extending down the bottom of the mattress and mid back area with a brown ring at edge of both sides of the bed. CNA #1 confirmed the resident was soaked and laying on sheets with old dried urine noted at the edges of the sheets.	M 225		

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M 225	Continued From page 26 Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with diagnoses that included Respiratory Failure, Hemiplegia, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 1/11/24, revealed Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated that she was severely cognitively impaired. Section H revealed Resident #1 was always incontinent of bowel and bladder. Resident #8 On 2/1/24 at 12:45 AM, during an observation and interview of the Annex Hall , a voice was heard coming from room Resident #8's room. Resident #8 was saying "what took you so long, I'm soaked, I'm soaked wet." An interview with CNA # 1 reported as he exited Resident #8's room that Resident #8 was upset because she was soaking wet. He verbalized he just got his assignment at 12:40 AM and had not made previous rounds, only answered call lights because he did not know which patients he would be assigned. He then stated, "this happens all the time we rarely have enough help and the residents on this hall are bed bound total care residents requiring heavy physical assistance of more than one staff member." An observation of the incontinent brief that was removed from Resident #8 by CNA #1 during perineal care was observed to be extremely saturated with dark yellow urine with a strong urine odor. There was a large bulking noted to the absorbent layer to the diaper lining with saturation noted from the top of the front to the top of the back of the brief. CNA #1 confirmed the brief removed from Resident #8	M 225		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 27 was very saturated with urine and heavy. Record review of the Admission Record revealed the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses that included Type 2 (two) Diabetes and Vitamin deficiency. Record review of the Quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 11/07/23, revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated that she was severely cognitively impaired. Section H with an ARD of 1/05/24 revealed she was always incontinent of bowel and bladder. In an interview with the Administrator on 2/2/24 at 10:20 AM, revealed on 1/31/24 on the 11 PM-7 PM shift the nurse should have made the assignment for the CNAs at the beginning of the shift to begin rounds and then adjust the assignments as the other staff came in. She confirmed if the sheets were wet then the resident had probably not been changed since previous shift. In an interview with the Assistant Director of Nursing (ADON) on 2/2/24 at 10:25 AM, he revealed concerns from not changing resident and leaving them wet is skin concerns such as moisture associated skin damage and urinary tract infections. The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: On 2/2/2024 at 12:20 P.M. State Agency (SA) notified facility Administrator of Immediate	M 225		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 28 Jeopardy (IJ). State Agency Surveyor provided the facility with the Immediate Jeopardy (IJ) templates. Facility respectfully submits this removal plan. Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00pm to 7:00am on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6 am medication dose. On 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 am medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 am dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects. Corrective Actions 1. On 01/28/2024 at approximately 9:00 AM the Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. 2. On 1/28/2024 at 9:00 AM, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM.	M 225		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 29 3. On 01/28/2024 at approximately 10:42 AM Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. 4. On 1/28/2024 at approximately 11:35 AM the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. 5. On 1/28/2024 at approximately 1:00 PM the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. 6. On 1/29/2024 at approximately 9:30 AM the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 AM. 7. On 1/29/2024 at approximately 10:30 AM Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and	M 225		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 30 Administrator. 8. On 02/02/2024 at approximately 3:30 PM Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 PM to 7:00 AM on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 PM Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing.	M 225		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 31 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M.	M 225		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 32 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove	M 225			

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 33 the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse	M 225		

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M 225	Continued From page 34 Practitioner (NP)for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications.	M 225			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 225	Continued From page 35 The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents	M 225			

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 225	Continued From page 36 for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff	M 225			

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M 225	Continued From page 37 interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and	M 225		

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M 225	Continued From page 38 staff on duty had received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24.	M 225		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance	M 500		3/15/24

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M 500	Continued From page 39 with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident 's choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 40 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);	M 500		

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M 500	Continued From page 41 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on staff interviews, record review, staff schedule and facility policy review the facility: 1) failed to protect the residents right to be free from neglect as evidenced by failure to ensure nursing staff provided supervision and nursing services to 25 residents of 146 residents who resided in the facility when a nurse failed to report for duty for the 11:00 PM to 7:00 AM shift on 1/27/24, which resulted in 14 residents not receiving medications. (Resident #1, Resident #	M 500	1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14)	

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M 500	Continued From page 42 2, Resident # 3, Resident # 4 Resident #5, Resident # 6, Resident # 7, Resident # 8, Resident #9, Resident #10, Resident # 11, Resident # 12, Resident # 13, and Resident #15), four residents with significant medication errors (Resident #1, Resident # 2, Resident # 3, Resident # 5) and 2) failed to ensure a resident was free from verbal abuse when a Certified Nurse Assistant (CNA) cursed a resident for one (1) of eight (8) residents reviewed for abuse, Resident #27. The facility's failure to ensure sufficient licensed staff on 1/27/24-1/28/24 from 11:00 PM through 7:00 AM to administer medications, provide monitoring and supervision resulted in the deprivation of goods and services by staff of services necessary to attain or maintain physical, mental, and psychosocial well-being, and had the likelihood to cause residents residing on the Annex A hall unit of the facility serious injury, serious harm, serious impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 2/02/24, which began on 1/27/24, when the facility's failure to ensure a licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC). The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 pm, in which the facility alleged all corrective actions to remove the IJ and	M 500	residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, 1. 1.Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. On 1/16/2024, Certified Nursing Assistant (CNA) #4 was questioned and suspended regarding alleged cursing of Resident #27. On 1/19/2024 CNA #4 was terminated from the facility.	

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 43 SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24 and determined the IJ and SQC was removed on 2/03/24, prior to exit. Therefore, the scope and severity for 45.17.2 Resident Rights (M500), was lowered from a "Level IV" to a "Level II" while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Review of the facility policy titled, "Abuse Prohibition Policy", revised 11/7/23, revealed: "Intent: ...Each resident has a right to be free from abuse, mistreatment, neglect, ...Policy: The facility will prohibit neglect, mental or physical abuse ...of resident ...Neglect - failure of the facility, it's employees or service providers to provide goods and services to the resident, necessary to avoid physical harm, mental anguish, or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of, good or services that a resident(s) requires but the facility fails to provide them to the resident ..." Review of the facility policy titled, "Staffing, Sufficient and Competent Nursing", reviewed 3/2023, revealed: "Policy Statement: Our facility provides nursing and related care and services for all residents ...Factors considered in determining appropriate staffing ratios ...include an evaluation of the diseases, conditions, physical and cognitive limitations of the resident population, and acuity. Minimum staffing requirements imposed by the state ...are not	M 500	2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. 4.Beginning 2/19/2024 facility department heads including social services, activities, nursing leadership, and business office will interview three (3) residents each per week for twelve (12) weeks, regarding concerns related to care or treatment from staff related to abuse and/or neglect issues. Any negative concerns will be immediately reported to the Administrator or Director of Nursing for further investigation. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Administrator is responsible for monitoring and compliance.	

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M 500	Continued From page 44 necessarily considered a determination of sufficient and competent staffing." An interview with Licensed Practical Nurse (LPN) #1 on 2/1/24 at 10:50 AM, she revealed on 1/27/24, she notified the Staff Development Coordinator (SDC), that her relief did not show up at for the 7:00 PM-7:00 AM shift and the SDC stated she would notify the Director of Nursing (DON) and the Administrator and call around to find coverage. She stated that the SDC asked her if she would stay and administer the 9:00 PM medications. LPN #1 confirmed she worked until 11:00 PM when LPN #2 came over to count the Annex A medication cart, revealing she counted the cart and left the facility. LPN #1 then revealed when she returned to work on 1/28/24 at 7:00 AM, there was not a nurse assigned to the Annex A medication cart and she noticed the 6:00 AM medications had not been signed off as administered. She stated, "I was told by one of the other nurses, not sure which one, that all the administrative nurses were aware that none of the 6:00 AM medications had been administered." LPN #1 then confirmed, "potential concerns of there being no nurse to staff the Annex A Hall is the residents missed their medications, is the residents plan of care was not followed and that placed residents at risk to have adverse consequences such as Hypo-Hyperglycemia, unrelieved pain, seizures, and potential changes in their status that may not be identified. LPN #1 also revealed the facility consists of the 100 A and B Hall, 200 A and B Hall, and the Annex A and B Hall with each area having two medication carts and a nurse is supposed to be scheduled for each hall. During a phone interview with LPN #2 on 1/31/24 at 1:00 PM, she confirmed she counted the	M 500		

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M 500	Continued From page 45 medication cart with LPN #1 on 1/27/24 at 11:00 PM so LPN #1 could go home. She revealed she was assigned to the 100 Hall and only counted the narcotics for the Annex A cart until someone came in. She confirmed she did not administer the 6:00 AM medications or monitor the residents on Annex A hall because she was assigned to the 100 Hall and was unable to take care of residents and administer medications for two halls. LPN #2 then confirmed she did not notify anyone that there was not a nurse for the Annex A cart or that the 6:00 AM medications were not administered because she thought LPN #1 informed all the administrative staff before she left at 11:00 PM. During a phone interview with LPN #3 on 1/31/24 at 2:30 PM, confirmed she worked on 1/27/24 from 7:00 PM-7:00 AM but she was unaware that the Annex A cart did not have a nurse assigned to it stating, "I saw LPN #1 count the medication cart with another nurse." LPN # 3 then revealed she is an Agency nurse and does not know the staff very well and confirmed she did not monitor any residents on the Annex A hall and did not know they did not get their morning medications. An interview with the Assistant Director of Nursing (ADON) on 2/1/24 at 4:00 PM, he stated that the "Registered Nurses (RN) take a call rotation and come in and work the medication cart if someone called in and coverage could not be found." An interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was not aware until around 6:45 AM on 1/28/24, that there was no nurse for Annex Hall Cart A from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications for 1/28/24. She then revealed that the SDC was the nurse on call for 1/27/24. She stated that the residents on	M 500		

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M 500	Continued From page 46 Annex A hall were assessed by the RN supervisors on 1/28/24. She then stated she did not identify that the omission of some of the medications constituted significant medication errors. An interview with the ADON on 2/2/24 at 10:05 AM, he revealed that he was not aware that there was no nurse for Annex Hall Cart A from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications. He then stated he did not identify that the omission of insulin, anticonvulsants, blood thinners, and scheduled pain medications constituted as significant medication errors. The ADON stated that failure to administer insulin, anticonvulsants, blood thinners and scheduled pain medications could lead to hyperglycemia, seizures, and unrelieved pain. An interview on 2/2/24 at 10:20 AM, with the SDC, she stated that on 1/27/24 at 7:49 PM she received a text from LPN #1 notifying her that the night nurse had called in. The SDC stated she texted the Administrator, DON, and ADON at 7:55 PM. She then stated that initially she only received a response from the Administrator who told her that she would post the opening on the agency site and list it as premium. The SDC stated that premium means that it was a priority, and they were offering more pay for the shift to be covered. She stated that she then sent a text out to nurses to attempt to get the shift covered, but no one was available, so she notified the Administrator, DON, and ADON. She stated that DON responded and asked her to have LPN #1 administer the 9:00 PM medications. The SDC stated that no one accepted the shift from the agency website. She confirmed she never received a response from the ADON. During a	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 47 further interview with the SDC she verified that she was the RN on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. SDC further stated that she did not ask LPN #2 to count the cart with LPN #1 and she found out at 8:15 AM on 1/28/24 that the residents on the Annex A cart did not receive their 6:00 AM medications. In an interview with the RN Charge Nurse #1 on 2/2/24 at 10:30 AM, she stated she was notified by the SDC at 9:10 AM on 1/28/24 that there had been no nurse coverage for the Annex A residents for the 11:00 PM-7:00 AM shift and that the residents had not received 6:00 AM medications or accu-checks and to notify the provider and responsible party, assess the residents, and obtain vital signs. A phone interview with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24 from the Respiratory Therapist (RT) #1 notifying her that the 7:00 PM to 7:00 AM nurse for the Annex A cart had called in. She stated that at that time she noticed that she had received a text at 7:58 PM from the SDC notifying her of the same thing. The DON stated that she asked the SDC if she had reached out to all the nurses that normally worked and the SDC told her that she had but no one could pick up the shift. She stated the SDC also informed her that LPN #1 had given the 9:00 PM medications for those residents. The DON then stated that she had fallen asleep and last talked to the SDC at 10:00 PM. The DON further stated that at 10:55 PM she reached out to the SDC asking what the plan for that cart was. She stated that the SDC told her that no one had responded to the shift	M 500		

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M 500	Continued From page 48 posted on the agency website and that LPN #1 had left. The DON stated she reached back out to the SDC at 1:27 AM but there was still no nurse. The DON stated that at some point the ADON had informed her that he was out town and could not cover the shift. The DON stated that the agency nurse who was working the other cart on the Annex Hall told her that she had come to the desk and made rounds on the residents but did not administer the 6:00 AM medications. The DON stated that usually if there is no nurse for a certain cart then the nurses who are on duty will administer the medications. The DON stated that when she found out the residents had not received their medications, she informed the SDC to instruct the RN supervisor to assess the residents, notify the nurse practitioner and the resident representative. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she was aware of the SDCs medical restrictions but did not think about the SDCs limitations when she received the call. A record review of the "Daily Staffing Sheet" revealed that there were five (5) nurses working from 11:00 PM to 7:00 AM on 1/27/24 with only one nurse assigned on the Annex Hall. A record review of the staff timecards for 1/27/24 through 1/28/24 revealed that there were five (5) Nurses working from 11:00 PM to 7:00 AM on 1/27/24. Resident #1 Review of the physician order for Resident # 1 revealed an order dated 10/12/23 for Apixaban Oral Tablet 5 mg (milligram) give one tablet via peg-tube (percutaneous endoscopic gastrostomy)	M 500		

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M 500	Continued From page 49 two times daily related to Cerebral Infarction. Review of the January 2024 Medication Administration Record for Resident #1 revealed Apixaban Oral Tablet 5 mg (milligram) give one tablet via peg-tube two times daily at 6:00 AM and 2:00 PM, not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with a diagnosis of Respiratory Failure, Hemiplegia, and Cerebral Infarction. Resident #2 Review of the physician's order for Resident # 2, revealed an order dated 5/19/23 for Novolin R (regular) injection solution 100 unit/ml (milliliter) (Insulin Regular Human): Inject as per sliding scale: if 60-80= OJ (orange juice) if semiconscious give some instant glucose. If unconscious give D5W (dextrose 5% in water)/AMP (ampule) IV or glucagon 1(one) mg IM/SQ (intramuscularly/subcutaneous). ... 81-200=0 units; 201-250=2 units; 251-300= 4 units; 301-350=6 units; 351-400 = 8 units; 400 + higher =10 units. Notify MD (medical doctor) for BS (blood sugar) (less than) < 60 & (greater than) > 401, subcutaneously before meals and bedtime. Review of a physician's order for Resident #2 dated 6/06/23 revealed Levothyroxine Sodium oral tablet 88 mcg (micrograms): give one tablet by mouth one time daily related to Hypothyroidism. Review of the January 2024 Medication Administration Record for Resident #2 revealed the blood glucose testing was not done to	M 500		

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M 500	Continued From page 50 determine the need for the Novolin R: injection solution 100 unit/ml: "Inject as per sliding scale before meals and bedtime scheduled at 6:00 AM and Levothyroxine Sodium oral tablet 88 mcg give one tablet by mouth one time daily at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #2 to the facility on 5/06/19 with a diagnosis Diabetes Mellitus (DM). Resident # 3 Record review of a physician orders for Resident # 3 revealed an order dated 6/25/20 for Hydroxychloroquine Sulfate Tablet 200 mg: Give one tablet by mouth two times daily ...Lacosamide tablet 100 mg: give one tablet by mouth two times daily related to seizures ...Keppra tablet 500 mg: give one tablet by mouth two times daily related to seizures ...Celecoxib Capsule 200 mg: give one capsule by mouth two times daily related to Rheumatoid Arthritis. Record review of a physician orders for Resident # 3 revealed an order dated 7/30/20 for Gabapentin capsule 100 mg: give one capsule by mouth three times daily related to seizures...Pantoprazole Sodium tablet delayed release: give one tablet by mouth two times daily for indigestion related to Gastro-Esophageal Reflux Disease (GERD). Record review of the January 2024 Medication Administration Record for Resident #3 revealed Hydroxychloroquine Sulfate Tablet 200 mg at 6:00 AM Lacosamide tablet 100 mg at 6:00 AM....Keppra tablet 500 mg: give one tablet by mouth two times daily at 6:00 AM, Celecoxib	M 500		

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M 500	Continued From page 51 Capsule 200 mg 6:00 AM, Gabapentin capsule 100 mg 6:00 AM, and Pantoprazole Sodium at 6:00 AM, to not be signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #3 to the facility on 6/26/20 with diagnoses of Epilepsy, Rheumatoid Arthritis, and Gastro-Esophageal Reflux Disease. Resident #4 Record review of a physician orders for Resident # 3 revealed orders dated 7/13/23, revealed Norco Oral tablet 7.5-325 mg (Hydrocodone Acetaminophen): give one tablet enterally every eight hours related to pain; and an order dated 9/22/23, revealed Nexium oral packet 20 mg: give one packet via G-Tube (gastrostomy tube) one time a day related to Gastro-Esophageal Reflux Disease. Record review of the January 2024 Medication Administration Record for Resident #4 revealed, Norco oral tablet 7.5-325 mg enterally every eight hours at 6:00 AM and Nexium Oral packet 20 mg at 6:30 AM, to not be signed as administered on 1/28/24 at 6:00 AM and 6:30 AM. Record review of the Face Sheet revealed that the facility admitted Resident #4 to the facility on 6/02/23 with diagnoses of Anxiety and Gastro-Esophageal Reflux Disease. Resident #5 Record review of a physician orders for Resident # 5 revealed an order dated 7/13/23, revealed, Multivitamin-Minerals tablet: give one tablet by mouth one time a day related to Vitamin D	M 500			

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M 500	Continued From page 52 Deficiency, an order dated 6/14/23, revealed, Euthyrox (Levothyroxine)oral tablet 88 mcg (micrograms) give one tablet by mouth one time a day related to Hypothyroidism; an order dated 9/11/23, revealed, Insulin Glargine Solution 100 units/ml: inject 8 units subcutaneously in the morning related to Type 2 (two) Diabetes; and an order dated 1/23/24, revealed, Furosemide 40 mg tablet: take one tablet by mouth twice daily before meals related to Hypertensive Heart Disease. Record review of the January 2024 Medication Administration Record for Resident # 5 revealed, Multivitamin-Minerals at 6:00 AM, Euthyrox oral tablet 88 mcg (micrograms) at 6:00 AM, Insulin Glargine Solution 100 units/ml: inject 8 units subcutaneously in the morning at 6:00 AM, and Furosemide 40 mg tablet at 6:00 AM were not signed off as administered on 1/28/24. Record review of the Admission Record revealed that the facility admitted Resident #5 to the facility on 6/17/22 with diagnoses of Type 2 (two) Diabetes, Hypertensive Heart Disease, and Vitamin Deficiency. Resident #6 Review of the physician order for Resident # 6 revealed an order dated 12/26/23 for Folic Acid oral tablet one mg: give one tablet via peg-tube in the morning related to Vitamin Deficiency; and an order dated 12/27/23 for Atorvastatin Calcium oral tablet 10 mg: give one tablet vis peg-tube in the morning related to Hyperlipidemia. Record review of the January 2024 Medication Administration Record for Resident #6, revealed Folic Acid oral tablet at 6:30 AM, Atorvastatin Calcium oral tablet 10 mg at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM.	M 500			

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M 500	Continued From page 53 Record review of the Face Sheet revealed that the facility admitted Resident # 6 to the facility on 12/27/23 with diagnoses of Persistent Vegetative State and Vitamin Deficiency. Resident #7 Record review of the physician's orders for Resident # 7 revealed an order with a start date of 10/8/20 revealed, Diazepam tablet 5 mg give one tablet by mouth three times a day related to anxiety disorder; an order dated 4/4/21 revealed, Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale: if 60-80= OJ (orange juice) if semiconscious give some instant glucose. If unconscious give D5W AMP IV or glucagon 1(one) mg IM/SQ ... 81-200=0 units; 201-250=2 units; 251-300= 4 units; 301-350=6 units; 351-400 = 8 units; 400 + higher =10 units. Notify MD for BS < 60 & > 401, subcutaneously before meals and bedtime related to Type Two Diabetes Mellitus, Seroquel tablet 100 mg: give one tablet by mouth three times a day related to Schizophrenia; and an order dated 11/9/23, revealed, Systane Complete Ophthalmic solution: instill one drop in both eyes two times a day related to Type Two Diabetes Mellitus. Review of the January 2024 Medication Administration Record for Resident # 7, revealed Diazepam tablet 5 mg give one tablet by mouth three times a day at 6:00 AM, the blood glucose testing to determine if Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale: was needed was not conducted, Seroquel tablet 100 mg at 6:00 AM, Systane Complete Ophthalmic solution at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM.	M 500		

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M 500	Continued From page 54 Record review of the Admission Record revealed that the facility admitted Resident # 7 to the facility on 7/11/19 with diagnoses of Type Two Diabetes Mellitus, Restlessness and Agitation, and Schizophrenia. Resident # 8 Record review of the physician's orders for Resident # 8 revealed an order dated 1/9/24 revealed, Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale: if 60-80= OJ (orange juice) if semiconscious give some instant glucose. If unconscious give D5W AMP IV or glucagon 1(one) mg IM/SQ ... 81-200=0 units; 201-250=2 units; 251-300= 4 units; 301-350=6 units; 351-400 = 8 units; 400 + higher =10 units. Notify MD for BS < 60 & > 401, subcutaneously before meals and bedtime related to Type Two Diabetes Mellitus. Vitamin C tablet 1000 mg: give one tablet via peg-tube one time a day related to Vitamin Deficiency. Record review of the January 2024 Medication Administration Record for Resident # 8 revealed the blood glucose testing to determine if Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale was needed was not conducted, was not signed off as administered on 1/28/24 at 6:00 AM. Vitamin C tablet 1000 mg: give one tablet via peg-tube one time a day was not signed off as administered at 6:00 AM on 1/28/24. Record review of the Admission Record revealed that the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses of Type 2 (two) Diabetes, Urinary Tract Infection, and Vitamin deficiency.	M 500		

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M 500	Continued From page 55 Record review of the quarterly MDS Section C with an ARD of 11/07/23, revealed that Resident #8 had a BIMS score of 3 which indicated that she was severely cognitively impaired. Resident # 9 Record review of the physician's orders for Resident # 9 revealed orders dated 4/14/21 for Protonix tablet delayed Release 40 mg: give one tablet by mouth one time a day related to Gastro-Esophageal Reflux Disease ...Dantrolene Sodium Capsule 50 mg: give one capsule by mouth three times a day related to contracture ...Baclofen tablet 20 mg: give one tablet by mouth three times a day related to contracture of muscle. Record review of the January 2024 Medication Administration Record for Resident # 9 revealed Protonix tablet delayed Release 40 mg at 6:00 AM, Dantrolene Sodium Capsule 50 mg: give one capsule by mouth three times a day at 6:00 AM, Baclofen tablet 20 mg at 6:00 AM, to not be signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident # 9 to the facility on 12/18/16 with diagnoses of Contracture of muscle, right upper arm, Muscle Spasms, and Gastro-Esophageal Reflux Disease. Resident #10 Record review of the physician's orders for Resident # 10 revealed orders dated 9/15/21 for Protonix tablet delayed Release 40 mg: give one tablet by mouth one time a day related to Gastrointestinal (GI) bleed. Record review of the January 2024 Medication	M 500		

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M 500	Continued From page 56 Administration Record for Resident # 10 revealed Protonix tablet delayed Release 40 mg at 6:00 AM, not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #10 to the facility on 4/6/21 with a diagnosis of Gastrointestinal Hemorrhage. Resident #11 Record review of the physician's orders for Resident # 11 revealed orders dated 4/27/21 for Sucralfate tablet one gram: give one tablet via peg-tube four times a day for Gastro-Esophageal Reflux Disease. Record review of the January 2024 Medication Administration Record for Resident # 11 revealed, Sucralfate tablet one gram at 6:30 AM, was not signed off as administered on 1/28/24 at 6:30 AM. Record review of the Admission Record revealed that the facility admitted Resident #11 to the facility on 9/17/20 with diagnoses of Persistent Vegetative State and Gastro-Esophageal Reflux Disease. Resident #12 Record review of the physician's orders for Resident # 12 revealed orders dated 11/29/23 for Lansoprazole tablet delayed release disintegrating 30 mg: give one tablet via peg-tube one time a day for Gastro-Esophageal Reflux Disease. Record review of the January 2024 Medication Administration Record for Resident # 12 revealed, Lansoprazole tablet at 6:00 AM, was	M 500		

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M 500	Continued From page 57 not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #12 to the facility on 11/29/23 with a diagnosis of Gastro-Esophageal Reflux Disease. Resident #13 Record review of the physician's orders for Resident # 13 revealed orders dated 12/5/23 for Protonix tablet delayed release 40 mg: give one time a day for Gastro-Esophageal Reflux Disease ...Buspirone tablet 5 mg: give one tablet by three times a day related to anxiety disorder started 12/5/23 and revised 2/1/24. Record review of the January 2024 Medication Administration Record for Resident # 13 revealed, Protonix tablet delayed release 40 mg at 6:00 AM, Buspirone tablet 5 mg at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #13 to the facility on 12/5/23 with diagnoses of Gastro-Esophageal Reflux Disease and Anxiety. Resident #15 Record review of the physician's orders for Resident # 15 revealed orders dated 11/30/23 for Hydralazine 100 mg tablet: give one tablet by mouth three times a day for Hypertension; and an order dated 1/25/24 for Tylenol eight-hour Arthritis pain tablet extended release 650 mg: give 2 tablets by mouth two times a day related to Poly osteoarthritis.	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 58 Record review of the January 2024 Medication record for Resident #15 revealed, Hydralazine 100 mg tablet at 6:00 AM, Tylenol eight-hour Arthritis pain tablet extended release 650 mg at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #15 to the facility on 11/30/23 with diagnoses of Poly osteoarthritis and Hypertension. REMOVAL PLAN The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: On 2/2/2024 at 12:20 P.M. State Agency (SA) notified facility Administrator of Immediate Jeopardy (IJ). State Agency Surveyor provided the facility with the Immediate Jeopardy (IJ) templates. Facility respectfully submits this removal plan. Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00pm to 7:00 am on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6 am medication dose. On 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 am medications. As a result of this investigation medication error reports were initiated and orders	M 500		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 59 were received from the Nurse Practitioner to omit the 6 am dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects. Corrective Actions - On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. - On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am. - On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. - On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. - On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs.	M 500		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 500	Continued From page 60 6. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic	M 500			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 61 counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to	M 500		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 62 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1,	M 500		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 63 and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 64 Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 65 Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 66 interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision.	M 500		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 67 The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 68 interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24. Additional findings that did not rise to the level of IJ: Resident # 27 Record review of a document provided by the Administrator, on facility letter head, revealed on 1/16/24, Certified Nursing Assistant (CNA) #3 told the Registered Nurse Supervisor (RNS) #1 that she heard CNA #4 curse at Resident #27 while removing trays from his room. RNS # 1 immediately informed the Director of Nursing (DON) who then started an investigation. CNA # 4 was suspended pending the results of the investigation. CNA #4 stated that she did not	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 69 curse at Resident #27. The Administrator and DON both spoke to Resident #27, and he stated that she cursed at him. Resident satisfaction surveys were conducted in Resident #27's care area with residents who have a Brief Interview for Mental Status (BIMS) score of 13 or higher. One said she is rude, and two others stated that they have heard her cursing with one of those hearing her cursing at Resident #27. Considering the investigation CNA #4 was terminated. In an interview with the Administrator on 1/31/24 at 9:10 AM, she verified that their investigation revealed that CNA # 4 did curse Resident #27 on 1/15/24. She stated that CNA #4 was terminated on 1/19/24. During an interview with Resident # 27 on 1/31/24 at 10:40 AM, he stated that CNA #4 had come into his room while he was on the phone and said, "Are you done with your d**n tray". Resident #27 stated he replied, "Don't take my d**n tray." He stated CNA #4 walked out of the room calling him a "SOB" or something he could not remember exactly what she said, but that she did curse him. Upon interview with RNS #1 on 2/1/24 at 9:45 AM, she stated that on 1/16/24 CNA # 3 informed her that on 1/15/24 she and CNA #4 were picking up trays and went into Resident #27's room. Resident # 27 stated "don't take my d**n tray". Then CNA #4 cursed the resident saying, "I don't have your d**n tray you fat f**k ", as she was leaving the room. During an interview with CNA #3 on 1/31/24 at 12:02 PM, she stated on 1/15/24 she and CNA #4 were picking up trays and went into Resident # 27's room. Resident # 27 stated "don't take my	M 500		

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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M 500	Continued From page 70 d**n tray" and CNA #4 responded "I don't have your d**n tray you fat f**k" as she was leaving the room. A record review of the "Face Sheet" of Resident #27 revealed that the Resident was admitted to the facility on 1/7/23 with a diagnosis of Parkinson's Disease. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/25/23. revealed a Brief Interview for Mental Status (BIMS) a score of 13, indicating that the resident is cognitively intact.	M 500		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This Statute is not met as evidenced by: Based on observation, resident and staff interviews, record review and facility policy review the facility failed to ensure residents received appropriate care and services to promote continence for residents requiring assistance with bowel and bladder care for (2) two of 22 residents reviewed. (Resident # 1 and Resident #8) Findings Include:	M 620	1.On 2/1/2024, Resident #1 and Resident #8 were immediately provided peri care by Certified Nursing Aide #1. Certified Nursing Assistant #1 was an agency Certified Nursing Assistant and was not allowed to return to the facility. 2.The facility determined that each of the 146 residents has the potential to be affected.	3/15/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 620	Continued From page 71 Record review of the facility policy " Urinary Continence and Incontinence- Assessment and Management" revised August 2022, revealed Policy Statement: 1. The staff and the Practitioner will appropriately screen for, and manage, individuals with urinary incontinence...Policy Interpretation and Implementation ...18b. Incontinence care should be individualized at night in order to maintain comfort and skin integrity..." Resident #1 An interview with Resident #1 on 1/31/24 at 9:30 AM, revealed they frequently must wait long periods of time for someone to provide incontinent care. Resident #1 stated "It is worse on the night shift because they do not have enough staff." Resident #1 reported that he has set in his bowel movement (BM) for an entire shift. An interview with Anonymous Resident # 2 on 1/31/24 at 11:15 AM revealed the staff does not come in to check or change them at all on the night shift. A phone interview with Anonymous Staff #1 on 1/31/24 at 5:45 PM, stated that there are not enough staff members to take care of the residents on the Annex and they are neglected. Staff #1 also stated that most of the residents are dependent, and it takes two staff members to care for them and some residents do not get changed all night. A phone interview with Anonymous Staff #2 on 1/31/24 at 7:14 PM, stated that the Annex does not have enough staff to take care of residents and the nurses do not help. They also stated that	M 620	3.On 2/3/2024, Staff Development Coordinator initiated education with all nursing staff to include Certified Nursing Assistants and Licensed Nurses on Incontinent Care. 4.Beginning 2/19/2024 the Registered Nurse Supervisors will observe five (5) residents ensuring they are being provided timely incontinent care three (3) times per week for twelve (12) weeks. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Material Data Set Coordinator is responsible for monitoring and compliance.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 620	Continued From page 72 residents stay wet for extended periods of time. During an observation and interview on 2/1/24 at 12:35 AM, upon entering the Annex Hall observed two nurses sitting behind the Annex nursing desk. Two Certified Nurse assistants (CNAs) were standing in front of the desk and one CNA was walking towards the desk. An interview with Licensed Practical Nurse (LPN) #5 revealed she was working on the 11 PM to 7 AM assignment for the CNAs. She stated "We were waiting for staff to arrive, we had four CNAs scheduled, one was a no call no show, the other did not arrive until 12:00 AM." An observation of Resident #1 with CNA #1 on 2/1/24 at 12:58 AM, revealed the room had a strong urine odor. Resident #1 was observed lying on his right side covered with a sheet and was observed to be wet with urine from the mid chest area to the bottom of the sheet. CNA #1 pulled back the top sheet from Resident #1 and the bottom sheet was soaked with urine extending down the bottom of the mattress and mid back area with a brown ring at edge of both sides of the bed. CNA #1 confirmed the resident was soaked and laying on sheets with old dried urine noted at the edges of the sheets. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with diagnoses that included Respiratory Failure, Hemiplegia, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 1/11/24, revealed Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated that she was severely	M 620		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 620	Continued From page 73 cognitively impaired. Section H revealed Resident #1 was always incontinent of bowel and bladder. Resident #8 During an observation and interview of the Annex Hall on 2/1/24 at 12:45 AM, a voice was heard coming from room Resident #8's room. Resident #8 was saying "what took you so long, I'm soaked, I'm soaked wet." An interview with CNA # 1 reported as he exited Resident #8's room that Resident #8 was upset because she was soaking wet. He verbalized he just got his assignment at 12:40 AM and had not made previous rounds, only answered call lights because he did not know which patients he would be assigned. He then stated, "this happens all the time we rarely have enough help and the residents on this hall are bed bound total care residents requiring heavy physical assistance of more than one staff member." An observation of the incontinent brief that was removed from Resident #8 by CNA #1 during perineal care was observed to be extremely saturated with dark yellow urine with a strong urine odor. There was a large bulking noted to the absorbent layer to the diaper lining with saturation noted from the top of the front to the top of the back of the brief. CNA #1 confirmed the brief removed from Resident #8 was very saturated with urine and heavy. Record review of the Admission Record revealed the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses that included Type 2 (two) Diabetes and Vitamin deficiency. Record review of the Quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 11/07/23, revealed Resident #8 had a Brief Interview for Mental Status (BIMS)	M 620			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 620	Continued From page 74 score of 3 which indicated that she was severely cognitively impaired. Section H with an ARD of 1/05/24 revealed she was always incontinent of bowel and bladder. An interview with the Administrator on 2/2/24 at 10:20 AM, revealed on 1/31/24 on the 11 PM-7 PM shift the nurse should have made the assignment for the CNAs at the beginning of the shift to begin rounds and then adjust the assignments as the other staff came in. She confirmed if the sheets were wet then the resident had probably not changed since previous shift. An interview with the Assistant Director of Nursing (ADON) on 2/2/24 at 10:25 AM, he revealed concerns from not changing resident and leaving them wet is skin concerns such as moisture associated skin damage and urinary tract infections. Level II Based on observation, resident and staff interviews, record review and facility policy review the facility failed to ensure residents received appropriate care and services to promote continence for residents requiring assistance with bowel and bladder care for (2) two of 22 residents reviewed. (Resident # 1 and Resident #8)	M 620			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 620	Continued From page 75 Findings Include: Record review of the facility policy " Urinary Continence and Incontinence- Assessment and Management" revised August 2022, revealed Policy Statement: 1. The staff and the Practitioner will appropriately screen for, and manage, individuals with urinary incontinence...Policy Interpretation and Implementation ...18b. Incontinence care should be individualized at night in order to maintain comfort and skin integrity..." Resident #1 An interview with Resident #1 on 1/31/24 at 9:30 AM, revealed they frequently must wait long periods of time for someone to provide incontinent care. Resident #1 stated "It is worse on the night shift because they do not have enough staff." Resident #1 reported that he has set in his bowel movement (BM) for an entire shift. An interview with Anonymous Resident # 2 on 1/31/24 at 11:15 AM revealed the staff does not come in to check or change them at all on the night shift. A phone interview with Anonymous Staff #1 on 1/31/24 at 5:45 PM, stated that there are not enough staff members to take care of the residents on the Annex and they are neglected. Staff #1 also stated that most of the residents are dependent, and it takes two staff members to care for them and some residents do not get changed all night. A phone interview with Anonymous Staff #2 on	M 620		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 620	Continued From page 76 1/31/24 at 7:14 PM, stated that the Annex does not have enough staff to take care of residents and the nurses do not help. They also stated that residents stay wet for extended periods of time. During an observation and interview on 2/1/24 at 12:35 AM, upon entering the Annex Hall observed two nurses sitting behind the Annex nursing desk. Two Certified Nurse assistants (CNAs) were standing in front of the desk and one CNA was walking towards the desk. An interview with Licensed Practical Nurse (LPN) #5 revealed she was working on the 11 PM to 7 AM assignment for the CNAs. She stated "We were waiting for staff to arrive, we had four CNAs scheduled, one was a no call no show, the other did not arrive until 12:00 AM." An observation of Resident #1 with CNA #1 on 2/1/24 at 12:58 AM, revealed the room had a strong urine odor. Resident #1 was observed lying on his right side covered with a sheet and was observed to be wet with urine from the mid chest area to the bottom of the sheet. CNA #1 pulled back the top sheet from Resident #1 and the bottom sheet was soaked with urine extending down the bottom of the mattress and mid back area with a brown ring at edge of both sides of the bed. CNA #1 confirmed the resident was soaked and laying on sheets with old dried urine noted at the edges of the sheets. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with diagnoses that included Respiratory Failure, Hemiplegia, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date	M 620			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 620	Continued From page 77 (ARD) of 1/11/24, revealed Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated that she was severely cognitively impaired. Section H revealed Resident #1 was always incontinent of bowel and bladder. Resident #8 During an observation and interview of the Annex Hall on 2/1/24 at 12:45 AM, a voice was heard coming from room Resident #8's room. Resident #8 was saying "what took you so long, I'm soaked, I'm soaked wet." An interview with CNA # 1 reported as he exited Resident #8's room that Resident #8 was upset because she was soaking wet. He verbalized he just got his assignment at 12:40 AM and had not made previous rounds, only answered call lights because he did not know which patients he would be assigned. He then stated, "this happens all the time we rarely have enough help and the residents on this hall are bed bound total care residents requiring heavy physical assistance of more than one staff member." An observation of the incontinent brief that was removed from Resident #8 by CNA #1 during perineal care was observed to be extremely saturated with dark yellow urine with a strong urine odor. There was a large bulking noted to the absorbent layer to the diaper lining with saturation noted from the top of the front to the top of the back of the brief. CNA #1 confirmed the brief removed from Resident #8 was very saturated with urine and heavy. Record review of the Admission Record revealed the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses that included Type 2 (two) Diabetes and Vitamin deficiency. Record review of the Quarterly Minimum Data Set	M 620		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 620	Continued From page 78 (MDS) Section C with an Assessment Reference Date (ARD) of 11/07/23, revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated that she was severely cognitively impaired. Section H with an ARD of 1/05/24 revealed she was always incontinent of bowel and bladder. An interview with the Administrator on 2/2/24 at 10:20 AM, revealed on 1/31/24 on the 11 PM-7 PM shift the nurse should have made the assignment for the CNAs at the beginning of the shift to begin rounds and then adjust the assignments as the other staff came in. She confirmed if the sheets were wet then the resident had probably not changed since previous shift. An interview with the Assistant Director of Nursing (ADON) on 2/2/24 at 10:25 AM, he revealed concerns from not changing resident and leaving them wet is skin concerns such as moisture associated skin damage and urinary tract infections.	M 620		