STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255140	A. BUILDING _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey with four (4) complaint investigations (CI) at the facility from 10/24/23 to 10/26/23, CI MS # 22832 related to notification of change in condition and injury of unknown origin. CI MS #22896 related to resident rights, CI MS # 23102 and CI MS# 23104 related to falls. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F 580 for CI MS#22832 related to notification of change in condition. The SA also cited F 656 related to development and implementation of care plans, F 688 related to prevention of decreased range of motion, F761 related to medication storage, and F 880 related to infection control. There were no deficiencies cited for CI MS # 22896, CI MS #23102 or CI MS # 23104. The census at the time of the survey was 106 and the facility is licensed for 107 beds.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580		11/24/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/10/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255140	A. BUILDING _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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) COMPLETION DATE
F 580	Continued From page 1 status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and	F 580	F580 – RP notification	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255140	A. BUILDING _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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) COMPLETION DATE
F 580	Continued From page 2 facility policy review the facility failed to notify the Resident Representative (RR) of a change in condition and hospital transfer for a resident for one (1) of five (5) residents reviewed for transfer/discharge. Resident #152 Findings include: Review of the facility policy titled, "Change of Condition and Family Notification", review date Jan 2023, revealed, "PURPOSE To ensure that resident's family and /or legal representative and physician are notified of resident changes that fall under the following categories: ...A significant change in the resident's physical, mental, or psychological status ...Transfer of the resident from the facility. PROCEDURE When any of the above situations exists, the licensed nurse will contact the resident's family and their physician. Calls will be made to the family until they are reached. A message will be left on an answering machine which does not give specifics but leaves a request for the facility to be called ..." Record review of the Progress Note created on 12/16/22 at 18:57, revealed "unable to reach RP (Responsible Party) will inform on-coming nurse to call RP of resident transferred to hospital". An interview, on 10/26/23 at 10:30 AM, with the Director of Nursing (DON) confirmed the nurse documented on 12/16/23 an attempt to notify the RR of the resident transfer to the hospital without success and documented she would report to the oncoming nurse to call RR again. The DON confirmed there was no documentation that a follow up call was made to notify the RR. During an interview concerning family notification,	F 580	1. LPN#1 and LPN#2 received one to one education on October 26, 2023, from the Director of Nursing on requirements of notification of family/responsible party of transfer to hospital. Audit was conducted by the DON on October26, 2023 for residents transferred to the hospital between 9/26/23 and 10/26/23 to ensure responsible parties were notified of transfers to the hospital. No issued identified. 2. All Residents with a change in condition requiring transfer from the facility have the potential to be affected. 3. Nursing staff were in-serviced on October 26, 2023, by the staff development coordinator on the following policies: Resident Rights Change of Condition and Physician/Family notification 4. Beginning the week of October 30, 2023, audits will be conducted by Director of Nursing, Assistant Director of Nursing, or Risk Manager to ensure that family member or responsible party of a resident with any changes in condition sent to hospital were notified. Audits will be performed transfers to hospital weekly times four (4) weeks, then monthly times two (2) months, then quarterly thereafter. The interdisciplinary team will review any residents sent to the hospital to ensure responsible party notification daily. Any issues will be immediately addressed, and QA was held on October 26,2023. A report	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255140	A. BUILDING _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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) COMPLETION DATE
F 580	Continued From page 3 on 10/26/23 at 10:32 AM, the Administrator (ADM) stated that follow up calls should always be made, it is the policy. Review of the Admission Record resident information sheet revealed Resident #152 was admitted to the facility on 12/05/2022 with diagnoses that included Acute Respiratory Failure with Hypoxia, Unspecified Dementia, Hemiplegia and Hemiparesis following Cerebral Infarction, Encounter for attention to Tracheostomy, and Acute Pulmonary Edema. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/16/22 revealed a Brief Interview for Mental Status (BIMS) should not be conducted. Resident # 152 is rarely/never understood.	F 580	will be submitted to the Quality Assurance Performance Improvement on November 21, 2023, for review and recommendations then monthly for (3) months by the Director of Nursing for review and further recommendations. The Director of Nursing is Responsible for monitoring and compliance.	