| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/04/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PINE FOREST HEALTH AND REHABILITATION | 1116 FOREST AVENUE , JACKSON, Mississippi, 39206 |

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| F0000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted a Complaint Investigation (CI), MS #2605687 and Ci MS #2573510 at the facility from 9/3/25 to 9/4/25. CI MS # 2605687 was investigated relating to activities and bowel and bladder. CI MS # 2573510 was investigated relating to private sitting services. During the survey, the SA determined the facility was not compliance with the requirements for participation in Medicare and Medicaid and cited F656 and F679 related to CI MS# 2605687.<br><br>the facility held a license for 120 beds, with a census of 102. | F0000 | | |
| F0656<br>SS = D | Develop/Implement Comprehensive Care Plan<br><br>CFR(s): 483.21(b)(1)(3)<br><br>§483.21(b) Comprehensive Care Plans<br><br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br><br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br><br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br><br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical | F0656 | | |

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| F0656 SS = D | Continued from page 1<br>record.<br><br>(iv)In consultation with the resident and the resident's representative(s)-<br><br>(A) The resident's goals for admission and desired outcomes.<br><br>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br><br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br><br>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br><br>(iii) Be culturally-competent and trauma-informed.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, record review and facility policy review, the facility failed to implement the care plan for two (2) of (2) sampled residents related to participation in structured activities. (Resident #1 and Resident #2).<br><br>Findings Include:<br><br>A record review of the facility policy, “Resident Rights & Dignity Management,” revised 5/22, revealed on page 30: “1. The resident has a right to a dignified existence, self-determination and...3. Planning and Implementing Care...iv. The right to receive the services and/or items included in the care plan.”<br><br>On 9/3/25, between 9:33 AM and 11:30 AM, the State Agency (SA) observed Resident #1 in a Geri-chair and Resident #2 in a wheelchair sitting in the dayroom with no care planned or structured activity present. Neither one of the residents participated in an activity observed in the activity room at 10:35 AM.<br><br>On 9/3/25 at 12:20 PM, both residents returned from lunch and again sat in the dayroom with no activities present. Later, at 1:25 PM, the SA observed a music activity occurring on the front patio; however, Resident #1 and Resident #2 were not present. The SA confirmed they remained in the dayroom, where they | F0656 | | |

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| F0656 SS = D | Continued from page 2<br>could neither see nor hear the activity. Following the music event, residents gathered for bingo. Staff transported Resident #1 to the dining room to sit with others during bingo. Observation showed her slouched in her Geri-chair, eyes closed, and not interacting. Resident #2 remained in the dayroom with no activities observed until the SA exited the facility at approximately 4:00 PM.<br><br>On 9/4/25 at 8:27 AM, SA observed Resident #2 again sitting at an empty table in the dayroom with her back to the television and no structured activity occurring.<br><br>On 9/4/25 at 10:01 AM, in an interview, Certified Nursing Assistant (CNA) #1 confirmed she had cared for Resident #1 for over a year. She stated that Resident #1 is nonverbal but appears to enjoy music when her family plays the radio in her room. She explained that bingo is not appropriate for her due to her inability to comprehend or participate meaningfully.<br><br>On 9/4/25 at 10:14 AM, the Activities Director confirmed Resident #1 did not attend the music activity on 9/3/25 and stated, "That was an oversight." She acknowledged the resident cannot comprehend bingo and said she only brought her to the game so she could be “there.”<br><br>On 9/4/25 at 10:41 AM, during an interview, the Director of Nursing (DON) confirmed the SA’s observation that Resident #2 had not been engaged in any activities and had been seated with her back to the television for several hours. The DON stated, “She definitely needs to be in stimulating activities,” and acknowledged a lack of follow-through by staff.<br><br>On 9/4/25 at 10:48 AM, during an interview, the Administrator stated she expects structured activities to be provided daily for all residents, and that staff are expected to follow each resident’s care plan, including the activities section.<br><br>On 9/4/25 at 1:48 PM, during an interview, Licensed Practical Nurse (LPN) #1, who is responsible for care planning development, explained that the care plan is designed to meet residents' individualized needs and should be followed by all staff, including interventions related to activities. She stated that failure to follow the care plan could result in residents not receiving appropriate care.<br><br>Resident #1<br><br>A record review of the “Care Plan Report” with a date | F0656 | | |

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| F0656 SS = D | Continued from page 3<br>initiated of 7/15/22 for Resident #1 revealed "Focus: She (Resident #1) enjoys visits from her sister and other family members, listening to music, devotions…Interventions: "Encourage family visits and patient participation in daily group activities/programs with music therapy, movies, conversation…"<br><br>A record review of the Admission Record revealed Resident #1 was admitted on 7/15/2016 with diagnoses including Unspecified Focal Traumatic Brain Injury with Loss of Consciousness of 30 Minutes or Less, Sequela.<br><br>A record review of the Quarterly MDS (Minimum Data Set) with an Assessment Reference Date (ARD) of 6/14/25 revealed a Brief Interview for Mental Status (BIMS) score of 0, indicating the resident could not participate in the interview.<br><br>Resident #2<br><br>A record review of the "Care Plan Report" revealed a care plan with a date initiated of 8/23/22 for Resident #2 "Focus: "(Proper name of Resident) takes pleasure in listening to classical music... Interventions…Staff will provide therapeutic activities for the resident to bring about a change."<br><br>A record review of the Admission Record revealed Resident #2 was admitted on 8/19/22 with diagnoses including Unspecified Dementia and Unspecified Psychosis.<br><br>A record review of the Quarterly MDS with ARD of 7/16/25 revealed a BIMS score of 0, also indicating the resident could not participate in the interview. | F0656 | | |
| F0679 SS = D | Activities Meet Interest/Needs Each Resident<br><br>CFR(s): 483.24(c)(1)<br><br>§483.24(c) Activities.<br><br>§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.<br><br>This REQUIREMENT is NOT MET as evidenced by: | F0679 | | |

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| F0679 SS = D | Continued from page 4<br><br>Based on observations, interviews, record review and facility policy review, the facility failed to ensure residents were provided with activities designed to meet their physical and mental needs and interest for two (2) of (2) residents reviewed for activities. (Resident #1 and Resident #2).<br><br>Findings include:<br><br>A review of the facility policy titled “Resident Rights & Dignity Management,” revised 5/22, stated on page 32: “6. Self-Determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to (a). The resident has the right to choose activities... consistent with his or her interest, assessments, and plan of care...”<br><br>During an observation on 9/3/25, between 9:33 AM and 11:30 AM, the State Agency (SA) observed Resident #1 in a Geri-chair and Resident #2 in a wheelchair sitting in the dayroom with no care planned or structured activity present. Neither resident participated in an activity observed in the activity room at 10:35 AM.<br><br>During an observation on 9/3/25 at 12:20 PM, observed Resident #1 and Resident #2 return from lunch and again sat in the dayroom with no activities present. Later, at 1:25 PM, the SA observed a music activity occurring on the front patio; however, Resident #1 and Resident #2 were not present. The SA confirmed they remained in the dayroom, where they could neither see nor hear the activity. Following the music event, residents gathered for bingo. Staff transported Resident #1 to the dining room to sit with others during bingo. Observation revealed Resident #1 slouched in her Geri-chair, eyes closed, and not interacting. Resident #2 remained in the dayroom with no activities observed until 4:00 PM.<br><br>During an observation on 9/4/25 at 8:27 AM, the SA observed Resident #2 again sitting at an empty table in the dayroom with her back to the television and no structured activity occurring.<br><br>During an interview on 9/4/25 at 10:01 AM, Certified Nursing Assistant (CNA) #1 confirmed she had cared for Resident #1 for over a year. She stated that Resident #1 is nonverbal but appears to enjoy music when her family plays the radio in her room. She explained that bingo is not appropriate for her due to her inability to comprehend or participate meaningfully.<br><br>During an interview on 9/4/25 at 10:14 AM, the | F0679 | | |

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| F0679 SS = D | Continued from page 5<br>Activities Director confirmed Resident #1 did not attend the music activity on 9/3/25 and stated, "That was an oversight." She acknowledged the resident cannot comprehend bingo and said she only brought her to the game so she could be “there.”<br><br>During an interview on 9/4/25 at 10:41 AM, the Director of Nursing (DON) confirmed the SA’s observation that Resident #2 had not been engaged in any activities and had been seated with her back to the television for several hours. The DON stated, “She definitely needs to be in stimulating activities,” and acknowledged a lack of follow-through by staff.<br><br>During an interview on 9/4/25 at 10:48 AM, the Administrator stated that activities should occur daily for all residents.<br><br>Resident #1<br><br>A record review of the "Admission Record" revealed Resident #1 was admitted on 7/15/2016 with diagnoses including Unspecified Focal Traumatic Brain Injury with Loss of Consciousness of 30 Minutes or Less, Sequela.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/14/25 revealed a Brief Interview for Mental Status (BIMS) score of 0, indicating the resident could not participate in the interview.<br><br>Resident #2<br><br>A record review of the "Admission Record" revealed Resident #2 was admitted on 8/19/22 with diagnoses including Unspecified Dementia and Unspecified Psychosis.<br><br>A record review of the Quarterly MDS with an ARD of 7/16/25 revealed a BIMS score of 0, also indicating the resident could not participate in the interview. | F0679 | | |