| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255146 | A. BUILDING _____ B. WING _____ | 11/19/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| YAZOO CITY REHABILITATION AND HEALTHCARE CENTER | 925 CALHOUN AVENUE YAZOO CITY, MS 39194 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency conducted an annual recertification along with a complaint investigation, MS #18258, from 11/16/21 to 11/19/21. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA did not substantiate MS #18258 for Infection Control Practices, Visitation, and the Environment. The SA did cite F644 and F812. The census was 119 and the facility has 180 beds. | F 000 | | |
| F 644 SS=D | Coordination of PASARR and Assessments<br>CFR(s): 483.20(e)(1)(2)<br><br>§483.20(e) Coordination.<br>A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:<br><br>§483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.<br><br>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, facility policy review, and record review the facility failed to obtain a | F 644 | Preparation and submission of the plan of correction by Yazoo City Rehabilitation | 12/22/21 |

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

Electronically Signed | 12/10/2021

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| F 644 | Continued From page 1<br>follow-up Preadmission Screening and Resident Review (PASRR) for a resident with a new psychiatric diagnosis for one (1) of two (2) residents reviewed for PASRR. Resident #70.<br><br>Findings include:<br><br>Record review of the facility policy," PASRR (Preadmission Screening and Resident Review) Policy and Procedure" with a revised date of 7/18/18 revealed, " ...Individuals who have or are suspected to have MI (Mental illness) or ID/DD (Intellectual disability/Developmental disability) or related conditions may not be admitted to a Medicaid-certified nursing facility unless approved through Level II PASRR determination. Those residents covered by Level II PASRR process may require certain care and services proved by the nursing home and/or specialized serviced provided by the State ..."<br><br>An interview with Resident #70 on 11/16/2021 at 11:30 AM, revealed the resident was talkative and appeared to be alert and oriented. Resident #70 stated he has a viral disease and has had some depression related to this. Resident #70 stated he feels he has adjusted to the facility and is not having any major depression at this time.<br><br>On 11/18/21 at 12:00 PM, an interview with the Social Worker, revealed Resident #70 was admitted to the facility on September 6, 2019 and did not initially have a diagnosis that required a PASRR II. She stated the resident was admitted to a hospital from the facility from 10/22/2019 - 10/31/2019 for behavior issues and returned to the facility. She stated in December 2019, the | F 644 | and Healthcare Center does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement of state and federal law.<br><br>1.On 11/23/21, Social Services Director contacted the local Preadmission Screening and Resident Review (PASARR) to initiate a level II on resident #70 based on new diagnosis. The local PASARR team requested more information on 11/29/21 and conducted an interview with resident via phone on 12/2/21. Facility is awaiting final determination.<br><br>2.All residents have the potential to be affected.<br><br>3.Social Services department, Admissions department, and Material Data Set (MDS) department all received a directed in-service from the Regional Case Mix and Reimbursement Registered Nurse (RN) on making sure PASARRs and level II are submitted timely and correctly according to the appropriate diagnosis. From 11/29/21 to 11/30/21 Social Services Department performed a 100% audit of all current resident diagnosis to determine if any additional level II was required and any resident found not to have a level II had one submitted immediately. Level II were submitted on ten current residents as a result of the audit. | |

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| F 644 | Continued From page 2<br>resident was coded for a diagnosis of Schizophrenia. The Social Worker stated she should have referred the resident for a Level II when this diagnosis was given. She stated she had been trained on the Level II and knows the Level II is needed for the evaluation to ensure placement in nursing home is appropriate and to help ensure the safety of the resident, the other residents, and the staff. She stated that if a resident is diagnosed with a qualifying diagnosis while in the facility, a change of status should be done and a referral for a Level II should be done to ensure proper placement. She confirmed the Level II was not done for Resident #70 and it should have been done when the diagnosis was made.<br><br>An interview with the Director of Nursing (DON) on 11/19/2021 at 8:30 AM, revealed the PASRR Level II is done to evaluate for appropriate placement for the resident with a qualifying diagnosis. She stated this is to ensure the safety of the resident, other residents, and the staff. The DON stated the Level II helps determine if nursing home placement is appropriate or if another facility with more psychiatric assistance is needed. The DON confirmed that when Resident #70 received the diagnosis of Schizophrenia, a Level II should have been done, but it was not. The DON confirmed that not having a Level II done to evaluate for proper placement could have endangered the resident, other residents, or staff.<br><br>An interview with the Administrator on 11/19/2021 at 8:30 AM, confirmed Resident #70 should have had the PASRR Level II, but it was not done. She stated the resident was admitted to the facility in September 2019 and did not have a qualifying diagnosis on admission for the Level II. The | F 644 | 4.Beginning 12/1/21 The Social Services Director will pull three current residents from the Psychiatric Nurse Practitioner recommendations to review for any new diagnosis in need of a Level II per week for the next three months. A report will be submitted to the Quality Assurance Performance Improvement on 12/15/21 for review and recommendations then monthly for three months. The Social Services Director is responsible for monitoring and compliance. | |

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| F 644 | Continued From page 3 | F 644 | | |

administrator stated she determined from records that the diagnosis of Schizophrenia was noted on the 12/17/2019 notes of the facility's Doctor of Nurse Practitioner and this information should have been followed up on to ensure proper placement, diagnosis, and treatment. She stated this should have been discussed in the morning meeting with the Social Worker so that the needed steps for the Level II could have been taken. The Administrator confirmed that with a diagnosis of Schizophrenia, the facility should have referred Resident #70 for a Level II and that was not done.

Record review of the Pre-Admission Screen (PAS) summary dated 10/5/2019, revealed no qualifying diagnosis of mental illness was noted on the PAS.

Record review of the Admission Record revealed Resident #70 was admitted to the facility on 9/6/2019, with diagnoses of Hypertension, Viral Disease, Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus. Record review revealed a diagnosis of Undifferentiated Schizophrenia was dated 12/28/2019, classification "during stay".

Review of Resident #70's Minimum Data Set (MDS) dated 9/7/2021, Section C, Cognitive Patterns, revealed a Brief Interview for Mental Status (BIMS) score of 15 which reveals the resident was cognitively intact. Review of Section E, Behavior, revealed the resident had no potential indicators of Psychosis. Review of Section I, Active Diagnoses, revealed the resident with diagnoses of hypertension, Diabetes Mellitus, Parkinson's Disease, Depression, and Schizophrenia. Review of Section N,

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| F 644 | Continued From page 4<br>Medications, revealed for the seven (7) day look back period, the resident received antipsychotic and antidepressant medications for seven (7) of seven (7) days. | F 644 | | |
| F 812 SS=E | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, record review, and facility policy review, the facility failed to prevent the likelihood of food-bourne illness as evidenced by a dietary staff member who dropped an individual sweetener packet on the floor and returned it to the clean collection of packets and then placed them on the resident trays for one (1) of six (6) kitchen tours. | F 812 | 1.On 11/18/21 Dietary Staff #1 was immediately in-serviced by the Dietary Manager on infection control, sanitation, and food borne illness. Based on tracking and trending conducted by the Infection Control Preventionist observations no resident has become ill as a result of the occurrence.<br><br>2.All residents in the facility have the | 12/22/21 |

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| F 812 | Continued From page 5<br>Findings include:<br><br>Review of the facility policy titled, "Food: Preparation" with a revision date of 9/2017, revealed under "Procedures... 2. Dining Services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination."<br><br>Review of the facility policy titled, "Infection Control Overview & Policy" with no revision date, revealed, "...The purpose of this Infection Control Program for Healthcare Service Group, Inc. and its subsidiaries (HCSG) is to: (1) Investigate, control, and prevent infections in the facility...Preventing Spread of Infection... Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions (formerly referred to as Universal Precautions)...Properly store, handle, process, and transport (cover) linens/food to minimize possible contamination." The policy revealed under "How do we do this...b. By training staff on infection control procedures and PPE (Personal Protective Equipment), c. By managing food safety, including employee health and hygiene, pest control, investigating potential food-borne illnesses, and proper waste disposal... Infections and diseases are transmitted in several ways including:... B. Contact with an infected object, person or surface (touching)... Routes of Disease Transmission...f. Improper food handling."<br><br>On 11/17/21 at 11:18 AM, the State Agency observed Dietary Staff # 1 collect multiple sweetener packets and drop one packet on the floor. Dietary Staff # 1 then picked that sweetener | F 812 | potential to be affected.<br><br>3.A directed in-service on 11/18/21 was conducted by the District Manager on food preparation and servicing in relation to infection control and sanitation with all dietary staff.<br><br>4.Beginning on 11/18/21 the dietary manager will monitor the preparation and servicing for every meal for seven days, and then one meal per day for the next three months. A report will be submitted to the Quality Assurance Performance Improvement on 12/15/21 for review and recommendations then monthly for three months. The Dietary Manager is responsible for monitoring and compliance. | |

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| F 812 | Continued From page 6 | F 812 | | |

packet off the floor and added it back to the collection of clean sweetener packets that were to be distributed to the residents. Dietary Staff #1 then placed those sweetener packets on top of each plastic covered glass of tea to be delivered to the residents.

On 11/17/21 at 11:44 AM, an Interview with Dietary Staff # 2, revealed all dietary staff had been in-serviced on safe food handling. Dietary Staff # 2 confirmed that picking up a sweetener packet off the floor and putting it on top of a resident's drink would be a "major issue."

On 11/17/21 at 11:50 AM, an interview with Dietary Staff # 1 confirmed that she dropped a sweetener packet on the floor, then picked it up, added it to the clean collection of sweetener packets and put those sweetener packets on top of each resident's glass for lunch. Dietary Staff # 1 confirmed that this could cause a food borne illness.

On 11/18/21 at 12:20 PM. an interview with the Administrator confirmed that a sweetener packet should not be picked up off the floor and put on a resident's drink. The Administrator confirmed this would be an issue.

On 11/18/21 at 1:00 PM, an interview with the Director of Nurses (DON) confirmed that picking a sweetener packet off the floor and adding it to a collection of clean sweetener packets was the wrong thing to do. The DON confirmed the sweetener packet that was dropped on the floor should have been discarded. The DON confirmed that if the contaminated collection of sweetener packets were put on the residents' drinks, then the residents could get whatever germs were on

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| F 812 | Continued From page 7<br>the floor.<br><br>On 11/18/21 at 3:00 PM, an interview with Dietary Staff # 3 confirmed that if a dietary staff dropped a sweetener packet on the floor and then put those sweetener packets on top of the resident's glasses that it could cause a food borne illness.<br><br>Record review of the facility in-service titled; "Infection Control Inservice Quiz" revealed the in-service was completed by Dietary Staff #1 on 10-06-21. | F 812 | | |