STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255218	A. BUILDING _____ B. WING _____	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	230 KHAKI STREET IUKA, MS 38852

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 5/19/24 through 5/22/24. During the survey the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F759 for medication error greater than five (5) percent and F851 for inaccurate Payroll Based Journal submission. The census at the time of the survey was 97 with a bed capacity of 105 beds.	F 000		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a medication administration error rate by less than 5% for four (4) of 25 medication administration opportunities. The medication error rate was 16%. Findings Include: Record review of the facility titled, "Administration of Medications," dated 01/24, revealed, "PURPOSE: To administer medications in accordance with best practice...ORAL MEDICATION ADMINISTRATION PROCEDURE ... 7. If resident requires crushed	F 759	Licensed Practical Nurse (LPN) #1 was in-serviced on Administration of Medications policy to include oral medication administration procedure and crushing medications on May 21, 2024 by the Director of Nursing. Resident # 81 was assessed by her Primary Care Physician (PCP) on May 21, 2024 with no adverse reactions observed related to medication error. LPN #1 was checked off on medication administration on May 21, 2024, by the Director of Nursing and on May 23, 2024, by the Quality Improvement Nurse. All residents residing on C-Hall have the	6/14/24

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

Electronically Signed | 06/06/2024

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F 759	Continued From page 1 medications.....Do not crush time release or enteric coated medications. Consult pharmacist for direction with questions..." During a medication administration observation on 5/21/24 at 8:15 AM, with Licensed Practical Nurse (LPN) #1 on the C-Hall revealed the following: LPN #1 gathered medications for Resident #81 that included Coreg 12.5 mg (milligrams) (1) tablet, Potassium 20 meq (milliequivalents) CL (Chloride) ER (Extended Release) (1) tablet, Loratadine 10 mg (1) tablet and Citracel plus Vitamin D Maximum 250 units (1) tablet and placed the medications all in a bag and crushed together and mixed with a spoonful of yogurt to administer to the resident. Interview on 05/21/24 at 8:17 AM, with LPN #1 stated, "It doesn't say that it is okay to crush them. I've just always done it because her cognitive ability is declined a lot and she will just hold them in her mouth if I don't." Interview on 05/21/24 at 9:00 AM, with the Pharmacy Consultant confirmed potassium extended release should not be crushed. He confirmed that he had recently completed an in-service with the nurses related to not crushing extended release potassium. The Pharmacy Consultant stated "They have not told me that they were having to crush her medications or I could have reviewed her medications and notified the physician." Interview on 05/21/24 at 9:15 AM, with LPN #1 stated "I do remember being in-serviced that we shouldn't crush potassium if it is extended release but I was thinking it was okay to crush it if if wasn't enteric coated." LPN #1 confirmed that	F 759	potential to be affected by this deficient practice. No other residents were identified as being affected by this deficient practice. The Director of Nursing in-serviced Licensed Practical Nurses and Registered Nurses on administration of oral medications and crushing medications on May 23, 2024. Licensed Practical Nurse #1 viewed video titled Medication Safety, Administration, Documentation 2023 on June 3, 2024. Beginning May 23, 2024, the Quality Improvement Nurse, Director of Nursing or Pharmacy Consultant will observe medication administration weekly for four weeks, then monthly for three months. All Registered Nurses and Licensed Practical Nurses that administer medications will be observed during a medication administration pass by the Director of Nursing by June 14, 2024. Beginning May 27, 2024, the Administrator or Director of Nursing will report any concerns from medication administration observation in the Department Head Meeting weekly for four weeks, then monthly for 3 months. Beginning June, 14, 2024 the Administrator or Director of Nursing will report any concerns from medication administration observation at the Quality Assurance Committee Meeting, then monthly for three months to ensure substantial compliance is achieved with F Tag 759. The Quality Assurance Committee will revise the corrective action plan as needed until substantial	

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F 759	Continued From page 2 these medications had not been approved to crush and administer all together like she had given them to the resident.	F 759	compliance is achieved with F Tag 759.	
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(q)(1)-(5) §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);	F 851		6/14/24

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F 851	Continued From page 3 (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS. §483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to submit accurate data into the Payroll-Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. First quarter 2024. Findings include: Record review of "PBJ Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 1 2024 (October 1-December 31)", revealed "Excessively Low Weekend Staffing-Triggered. Triggered=Submitted Weekend Staffing data is	F 851	On May 21, 2024, Root Cause Analysis (RCA) was conducted by the Administrator, Regional Supervisor, Administrative Assistant, Director of Nursing and Quality Improvement Nurse on data entered into the Payroll Based Journal (PBJ) system for Fiscal Year Quarter 1 2024 (October 1 - December 31). Based on findings, the facility failed to enter/submit accurate staffing data into the Payroll Based Journal (PBJ) system for Fiscal Year Quarter 1 2024. On May	

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F 851	Continued From page 4 excessively low." During an interview on 5/21/24 at 9:53 AM, the Administrator (ADM) revealed the PBJ data is based on the hours entered in the time clock and goes directly to the corporate office. She revealed the agency staff that we utilize is manually entered into the system along with nursing administrative staff who occasionally work on the weekends doing patient care. The Administrator confirmed the hours worked by the nursing administrative staff were not captured correctly on the PBJ and were done so in error. She revealed the shifts for the first quarter of 2024 were covered, however, the data was entered incorrectly and did not capture the direct care on the PBJ. During an interview on 5/22/24 at 9:11 AM, the Administrative Assistant confirmed she was responsible for manually inputting the hours worked for the agency staff but had been unaware that the hours the nursing administrative staff worked on weekends doing direct patient care were also to be manually keyed in.	F 851	22, 2024, the Administrator and Administrative Assistant was in-serviced by the Regional Supervisor on Payroll Based Journal policy, procedure and data entry. All residents have the potential to be affected by this deficient practice. No residents were identified as being affected by this deficient practice. The Administrative Assistant was in-serviced on June 5, 2024 by the Administrator on Labor Transfer Instructions Policy. Beginning Monday, May 27, 2024, and every Monday thereafter, the Administrator and Administrative Assistant will review the Pay Period Totals report for the previous seven days to identify any hours worked by Administrative staff that need to be manually transferred to direct care hours. Beginning May 27, 2024, the Administrator will review raw PBJ data weekly for four weeks, then bi-monthly for three months for any alerts or errors. All PBJ staffing data will be reviewed by the 25th day of each month by the Administrator prior to approving PBJ staffing data for submission. Beginning May 27, 2024, the Administrator will report any concerns from Labor Transfer review and PBJ data review in the Department Head Meeting weekly for four weeks, then monthly for 3 months. Beginning June, 14, 2024 the Administrator will report any concerns from Labor Transfer review and	

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F 851	Continued From page 5	F 851	PBJ data review at the Quality Assurance Committee Meeting, then monthly for three months to ensure substantial compliance is achieved with F Tag 851. The Quality Assurance Committee will revise the corrective action plan as needed until substantial compliance is achieved with F Tag 851.	