STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255227	A. BUILDING _____ B. WING _____	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA REHABILITATION AND HEALTHCARE CENTER	1506 NORTH MAIN STREET COLUMBIA, MS 39429

(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 at the facility from 05/6/24 through 05/9/24. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F693. The facility held a license for 108 beds, with a census of 89 residents.	F 000		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:	F 693		6/21/24

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

Electronically Signed | 05/29/2024

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F 693	Continued From page 1 Based on observation, interview, record review and policy review, the facility failed to ensure placement was checked for a Percutaneous Endoscopic Gastrostomy (PEG) tube prior to administration of medications for one (1) of two (2) residents observed with PEG tubes. Resident #6. Findings include: Review of the facility's policy titles, "Enteral Feedings Safety Precautions," reviewed January 2023, revealed, "Purpose: To ensure the safe administration of enteral nutrition ... General Guidelines ... Prevention aspiration 1. Check enteral tube placement every 4 hours and prior to feeding or administration of medication ..." On 5/8/24 at 8:06 AM, in an observation of Resident #6 receiving medications per PEG tube, Licensed Practice Nurse (LPN) #1 did not confirm placement prior to administering Ferrous Sulfate solution 220 milligrams (mg), Clonidine HCL 0.1 mg, Levothyroxine Sodium 175 micrograms (mcg) and Amlodipine Besylate 10 mg. On 5/8/24 at 8:18 AM, in an interview with LPN #1, she confirmed she forgot to check PEG tube placement prior to administering medications through Resident #6's tube. She stated that by not checking placement, the resident's medication can go into the wrong area and cause the resident to become sick. On 5/9/24 at 12:40 PM, during an interview with the Director of Nurses (DON), she confirmed LPN #1 should have checked placement of the PEG tube prior to administering medications. She revealed that by not checking placement,	F 693	F693¿ 1. On 05/08/2024 Resident #6 was assessed by Director of Nurses for any adverse reactions due to failure to follow facilities policy and procedure for Enteral Feeding Safety Precautions. No adverse reactions were found. On 05/08/2024 an In-service was completed with Licensed Practical Nurse, LPN #1, by Director of Nurses on Enteral Feeding Safety Precautions following policy and procedure.¿¿ ¿ 2. Ten (10) current residents with Enteral tubes have the potential to be affected.¿¿ ¿¿ 3. Beginning 5/9/2024 Licensed nursing staff were in serviced by Staff Development Coordinator and Director of Nurses on proper Enteral Feeding Safety Precautions following policy and procedure. The return demonstration began on May 22, 2024, with all Licensed nursing staff being completed with skills evaluation by 05/31/2024, via "Confirming Placement of Feeding Tube" check off list. ¿ ¿¿¿ 4. Effective June 3, 2024, Staff Development Coordinator and Director of Nursing will conduct audits on three (3) nurses three (3) times weekly for two (2) weeks and weekly for three (3) months to ensure Enteral Feeding Safety Precautions is completed following policy and procedure. The report of audit findings will be reviewed by the Administrator and brought to the Quality	

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F 693	Continued From page 2 Resident #6 could develop serious complications related to displacement of the tube. A record review of the Admission Record for Resident #6 revealed the facility admitted the resident on 8/9/22, with diagnoses that included Esophageal obstruction, Personal History of Malignant Neoplasm of Larynx, and Dysphagia, Oropharyngeal Phase. Review of the Quarterly Minimum Data Set (MDS) for Resident #6, with Assessment Reference Date (ARD) 4/2/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.	F 693	Assurance/Performance Improvement Committee for monthly review and recommendations for three (3) months starting on May 24,2024 and ending on August 23, 2024. The Director of Nursing will be responsible for monitoring and compliance.¿	