STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255270	A. BUILDING _____ B. WING _____	07/25/2024

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PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH STREET PONTOTOC, MS 38863

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 7/23/24 through 7/25/24. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation related to F656, F658, F677 and F679. The census at the time of the survey was 54 and the facility is licensed for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §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 - (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 (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). (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	F 656		8/23/24

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

Electronically Signed | 08/05/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to implement a care plan regarding a resident needing assistance with Activities of Daily Living (ADL) for one (1) of 17 care plans reviewed. Resident #41 Findings Include Review of the facility policy titled, "Comprehensive Plan of Care" with a revision date of 10/10/22 revealed "Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental	F 656	1. Certified Nurse Aide (CNA) #1 removed resident # 41 facial hair. CNA # 1 was in-serviced on 7/25/2024 by the Director of Nursing to follow the Activities of Daily Living (ADL) care plan when providing resident care. 2. The facility determined that all residents have the potential to be affected. 3. The Staff Development Nurse in-serviced all CNAs on following the ADL care plan. The in-service began on 7/24/2024 and was completed on 7/30/2024. 4. The Quality Assurance Nurse will complete facial hair audits beginning the week of 7/29/2024 to ensure residents are free from unwanted facial hair. These	

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F 656	Continued From page 2 and psychosocial needs that are identified in the resident's comprehensive assessment..." Record review of the "Care Plan Detail" for Resident #41 revealed "Focus: Res (Resident) requires assist with all ADL's ...Interventions/Task ...Assist with all ...Bathing ...Personal Hygiene ..." An observation on 07/23/24 at 10:28 AM, revealed Resident #41 sitting up in her wheelchair with 6-8 white hairs on both sides of her chin that were approximately 1/8- 1/4 inch long. An observation and interview on 7/24/24 at 9:15 AM, with Certified Nurse Assistant (CNA) #1 confirmed Resident #41 had chin hairs on both sides of her chin that should have already been removed. She stated the resident had a doctor's appointment yesterday and she got in a hurry and did not remove them when she gave the resident her shower. She stated most women don't want hair on their face. CNA #1 stated, " I know I would not." An interview on 7/24/24 at 9:40 AM, with the Minimum Data Set/Registered Nurse (MDS/RN) revealed she develops the care plans for ADL's and confirmed that Resident #41 needed assistance with her ADL's that included her facial hair removal. She agreed that the care plan was not implemented if the resident had a shower, and the facial hair was not removed. An interview on 7/24/24 at 1:30 PM, with the Director of Nurses (DON) confirmed Resident #41 needed assistance removing the hair from her chin and therefore her ADL care plan was not implemented.	F 656	audits will be conducted 2 times per week for 4 weeks, then 1 time per week for 4 weeks, and continue quarterly thereafter. The Quality Assurance Nurse will report any issues identified to the Director of Nursing, who will bring all findings to the Quality Assurance Committee on 08/22/2024 for review and recommendations. The Director of Nursing will continue to bring findings from the audits to the Quality Assurance Committee monthly for 2 months.	

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F 656	Continued From page 3 Record review of Resident #41's "Admission Record" revealed the resident was admitted to the facility on 4/12/22 with medical diagnoses which included Unspecified Dementia. Record review of Resident #41's MDS with an Assessment Reference Date (ARD) of 6/11/24 revealed in Section GG the resident was totally dependent on staff for bathing and personal hygiene.	F 656		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to administer a medication according to the physician orders for one (1) of 31 medication administration opportunities. Resident #23 Findings Include: Review of the facility policy titled, "Medication Administration" with a revision date of 6/8/23 revealed "Policy...Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection..." An observation and interview on 7/24/24 at 8:15	F 658	1. Licensed Practical Nurse (LPN) #1 was in-serviced on 7/25/2024 by the Director of Nursing to follow physician orders during medication administration and on Professional Standards of Care. 2. The facility has determined that all residents who receive their medications from LPN #1 have the potential to be affected. 3. The Staff Development Nurse in-serviced all licensed nursing staff on following physician's orders during medication administration and Professional Standards of Care. The in-service began on 7/25/2024 and was completed on 7/30/2024. 4. The Staff Development Nurse and Quality Assurance Nurse will complete	8/23/24

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F 658	Continued From page 4 AM, revealed Licensed Practical Nurse (LPN) #1 allowed Resident #23 to self administer an inhaler with no instructions to rinse and spit afterwards according to physician orders. LPN #1 stated, "Well I messed that up." She revealed the resident refuses to rinse and spit, but I should have reminded her of the need to do so. She stated she was not sure the purpose of rinsing and spitting after the inhaler, unless it was just to get the taste out of their mouth. She confirmed Resident #23's order indicated the resident needed to rinse and spit following the administration of the inhaler, so therefore she did not follow the physician orders. An interview on 7/24/24 at 10:30 AM, with the Director of Nurses (DON) confirmed the nurse did not follow the physician orders and the nurse did not instruct the resident to rinse and spit after the administration of the inhaler. She stated that the purpose of rinsing and spitting after the inhaler was to prevent yeast and sores in the residents' mouth. Record review of physician"Order Details" revealed the following: 8/7/23 BREO ELLIPTA Inhaler 100-25-1 puff inhale orally one time a day related to Mild Intermittent Asthma, Uncomplicated, Rinse mouth with water (H2O) and spit after use. Record review of Resident #23's "Admission Record" revealed the resident was admitted to the facility on 6/2/22 with medical diagnoses that included Mild intermittent asthma, uncomplicated and Acute Cough.	F 658	medication administration observations of nurses performing medication administration 2 times per week beginning 07/25/2024 for 4 consecutive weeks, then 1 time per week for 4 weeks, and continue annually thereafter. The Quality Assurance Nurse will report any issues identified during medication administration observations to the Director of Nursing, who will bring all findings to the Quality Assurance Committee on 08/22/2024 for review and recommendations. The Director of Nursing will continue to bring findings from the observations to the Quality Assurance Committee monthly for 2 months.	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)	F 677		8/23/24

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F 677	Continued From page 5 §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to remove facial hair on a resident requiring assistance with Activities of Daily Living (ADL) for one (1) of 17 residents sampled. Resident #41 Findings Include: Record review of the facility policy titled, "Activities of Daily Living (ADL) with a revision date of 9/15/22 revealed "... Policy Explanation and Compliance Guidelines ...3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene..." During an observation on 07/23/24 at 10:28 AM, revealed Resident #41 sitting up in her wheelchair with 6-8 white hairs on both sides of her chin that were approximately 1/8- 1/4 inch long. During an observation and interview on 7/24/24 at 9:15 AM with Certified Nurse Assistant (CNA) #1 confirmed that Resident #41 had chin hairs on both sides of her chin that should have already been removed. She stated the resident had a doctor's appointment yesterday and she got in a hurry and did not remove them when she gave the resident her shower. She stated most women don't want hair on their face. CNA #1 then stated " I know I would not."	F 677	1. Certified Nurse Aide (CNA) #1 removed resident # 41 facial hair. CNA # 1 was in-serviced on 7/25/2024 by the Director of Nursing to follow the ADL care plan when providing resident care. 2. The facility has determined that all residents requiring assistance with ADL care have the potential to be affected. 3. On 7/25/2024 the Quality Assurance Nurse completed a 100% audit on all residents for facial hair. Facial hair was removed as residents allowed at the time of observation. All certified nursing staff were in-serviced by the Staff Development Nurse on ADL care. The in-service began on 7/24/2024 and was completed on 7/30/2024. 4. The Quality Assurance Nurse will complete facial hair audits beginning the week of 7/29/2024 to ensure residents are free from unwanted facial hair. These audits will be conducted 2 times per week for 4 weeks, then 1 time per week for 4 weeks, and continue quarterly thereafter. The Quality Assurance Nurse will report any issues identified to the Director of Nursing, who will bring all findings to the Quality Assurance Committee on 08/22/2024 for review and recommendations. The Director of Nursing will continue to bring findings from the audits to the Quality Assurance	

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F 677	Continued From page 6 An observation and interview on 7/24/24 at 9:25 AM, with the Director of Nurses (DON) confirmed Resident #41 had facial hair that should have been removed with her bath and should have been documented correctly under whether the resident had facial hair. She stated that facial hair removal is part of bathing and she expected it to be done. Record review of Resident #41's documented baths revealed the resident received a bath on 7/23/24 at 10:51 AM. Record review of Resident #41's "Admission Record" revealed the resident was admitted to the facility on 4/12/22 with medical diagnoses that included Unspecified Dementia. Record review of Resident #41's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/11/24 revealed in Section GG the resident was totally dependent on staff for bathing and personal hygiene.	F 677	Committee monthly for 2 months.	
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §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.	F 679		8/23/24

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F 679	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review and facility policy review, the facility failed to provide weekend activities for three (3) of eight (8) residents reviewed in the resident council meeting. Resident # 7, Resident #29, and Resident #40. Findings include: A record review of the facility policy titled "Activities" with a revised date of 11/28/2017 revealed, "Policy: This facility shall provide ongoing activities in accordance with the interest, physical, mental, and psychosocial well-being of each resident...." During the resident council meeting held on 7/24/24 at 1:30 PM, with 8 residents in attendance, 3 residents revealed that they do not have activities on the weekend and stated there is really nothing for them to do. They stated they wished they had more things to do like they do during the week. Resident #7 During an interview in the resident council meeting, Resident #7, who is also the resident council president, revealed "we don't have activities on the weekends. We have a preacher who comes in at 10 AM on Sundays and has Sunday School, but other than that, we really don't have anything to do." She revealed it would be nice to have something to do. Record review of Resident #7's Admission Record revealed an admission date of	F 679	1. Residents # 7, # 29, and # 40 were interviewed by the Activities Director on 07/26/2024 to determine weekend activity preferences. Structured activities were placed on the Activity Calendar on 07/29/2024. 2. The facility has determined that all residents have the potential to be affected. 3. The Activities Director in-serviced nursing staff on their roles and responsibilities regarding weekend activities beginning on 08/03/2024 and completed on 08/06/2024. Attendance and participation in weekend activities will be documented and maintained in the Activities Office beginning on 08/03/2024. 4. The Activities Director will review activity attendance and participation records weekly for 4 weeks, then bi-weekly for 4 weeks beginning on 08/05/2024. The Activities Director will interview 2 residents to determine weekend activity preferences and to guide activity planning weekly for 4 weeks beginning on 08/05/2024, then monthly in the resident council. The Activities Director will report any issues identified to the Administrator, who will bring all findings to the Quality Assurance Committee on 08/22/2024 for review and recommendations. The Activities Director will continue to bring findings from the audits to the Quality Assurance Committee monthly for 2 months.	

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F 679	Continued From page 8 12/04/2020. Record review of Resident #7's Minimum Data Set (MDS) with an Assessment reference date (ARD) of Oct 17, 2023, Section C, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #7 is cognitively intact. Review of Section F Preferences for Customary Routine and Activities F0500 revealed "While you are in this facility how important is it to you to do things with groups of people? And how important is it to you to do your favorite activities? revealed that Resident #7 considered this to be "Somewhat Important." Resident #29 Resident #29 revealed in an interview, during the resident council meeting, "We don't have activities on the weekend. There's really nothing to do. We understand the Activities Director must spend time with her family, but it would be nice to have something to do." Record review of Resident #29's Admission Record revealed an admission date of 11/02/2018. Record review of Resident #29's MDS with an ARD of Apr 23, 2024, Section C, revealed a BIMS score of 15, which indicated Resident #29 is cognitively intact. Review of Section F Preferences for Customary Routine and Activities F0500 revealed "While you are in this facility how important is it to you to do things with groups of people? And how important is it to you to do your favorite activities? revealed that Resident #29 considered this to be "Somewhat Important."	F 679		

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F 679	Continued From page 9 Resident #40 Resident #40 revealed in an interview during the resident council meeting, "We have coloring books and games that we can come in here and do by ourselves, but we don't have something to do as a group." She revealed that a lot of times, families come and visit on the weekends. Resident #40 stated,"I guess that's why we don't have any activities. We just mainly stay in our rooms." Record review of Resident #40's Admission Record revealed an admission date of 04/11/2022. Record review of Resident #40's MDS with an ARD of 06/24/24, Section C, revealed a BIMS score of 15, which indicated Resident #40 is cognitively intact. Review of Section F Preferences for Customary Routine and Activities F0500 revealed "While you are in this facility how important is it to you to do things with groups of people? And how important is it to you to do your favorite activities? revealed that Resident #40 considered this to be "Very Important." In an interview on 7/24/24 at 3:08 PM, the Activities Director revealed she is aware the weekend activities are lacking and confirmed the residents could benefit from organized activities. She revealed the residents have complained to her that there is nothing to do on the weekends, and she tried to come in at times and do activities with them, but it is not consistent. She revealed Resident #40 specifically voiced to her again recently that there is nothing to do on the weekends and has told her that it's boring on the weekends and the only thing they do is sit in their	F 679		

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F 679	Continued From page 10 rooms. In an interview on 7/24/24 at 3:32 PM, the Director of Nurses (DON) revealed she was aware there had been complaints in the past from some residents wanting more activities on the weekend. She revealed she thought that the Activities Director was leaving "stuff" with the charge nurse at the desk for them to do on the weekends, but she admitted she was not sure. In an interview on 7/24/24 at 4:40 PM, the Administrator confirmed the weekend activities are lacking. She revealed that we recently added an extra nurse to help with weekend activities but confirmed that they had not fully implemented it yet.	F 679		