STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255149	A. BUILDING _____ B. WING _____	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PETAL	908 S GEORGE STREET PETAL, MS 39465

(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 from 3/17/25 to 3/20/25. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F695. The facility held a license for 60 beds with a census of 51. Surveyor: Bennett, Calvin	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents receiving oxygen (O2) therapy received care according to professional standards, as evidenced by, O2 tubing was undated for three (3) of four (4) days of survey. Resident #150 Findings include:	F 695	Resident #150's oxygen tubing was dated by the Director of Nursing on 3/19/25. All residents who use oxygen have the potential to be affected by the deficient practice. All Nursing staff were trained on proper labeling of respiratory tubing by the	4/26/25

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

Electronically Signed | 04/07/2025

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F 695	Continued From page 1 On 03/17/25 at 11:06 PM, an observation of Resident #150 revealed was receiving oxygen via nasal cannula at 3 liters per minute (LPM) for shortness of breath (SOB) every 24 hours as needed. The oxygen tubing was not labeled. On 03/18/25 at 1:16 PM, during a second observation of Resident #150 revealed the resident sitting up in a chair, receiving oxygen via nasal cannula at 3 LPM. The oxygen tubing was not labeled. On 03/19/25 at 2:19 PM, during a third observation and interview with Licensed Practical Nurse (LPN)#1 revealed Resident #150 was sitting up in a chair, receiving oxygen via nasal cannula at 3 LPM. The oxygen tubing was not labeled. LPN #1 reported the oxygen tubing and humidifier are changed every Sunday night and labeled with the date of change. However, she confirmed that the tubing in use at the time of this visit was not dated. During an interview on 03/19/25 at 2:30 PM, the Director of Nursing (DON) confirmed that facility practice requires oxygen tubing and humidifiers to be changed on Sunday nights and labeled with the date of change. She stated that this practice is in place to ensure compliance with protocols. A review of the "Admission Record" revealed the resident was admitted on 3/12/25 with diagnoses including Obstructive Sleep Apnea (Adult) (Pediatric) and Essential (Primary) Hypertension. A review of "Order Audit Record" revealed a physician order dated 3/18/25 "O2 at 3L (liters) for SOB (shortness of breath)."	F 695	Director of Nursing on 3/20/25 and 3/24/25. An audit of all residents with respiratory tubing was completed on 4/4/25 by the Director of Nursing. The Regisered Nurse (RN) Supervisor will use the RN Round Checklist 5 x week x 12 weeks beginning 3/31/25 to ensure that all respiratory tubing is properly labeled. The Checklist will be reviewed by the Quality Assessment and Assurance Committee x 3 months beginning on 4/25/25 to ensure sustained compliance.	

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F 695	Continued From page 2 Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/20/25 revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating the resident was cognitively intact.	F 695		