MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18CP	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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey from 3/17/2025 to 3/20/2025. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M655.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II 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: 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	M 655	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 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	4/26/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/07/25

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M 655	Continued From page 1 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)." 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.	M 655	Quality Assessment and Assurance Committee x 3 months beginning on 4/25/25 to ensure sustained compliance.	