STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18FG	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORREST GENERAL HOSPITAL SKILLED NURSING U	6051 US HIGHWAY 49 SOUTH HATTIESBURG, MS 39401

(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 at the facility from 5/5/25 through 5/7/25. 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 requirement and cited M1570.	M 000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II	M1570	On May 05, 2025, during observation and	5/27/25

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M1570	Continued From page 1 Based on observation, interviews, and record review, the facility failed to follow appropriate infection prevention practices by not ensuring oxygen tubing was stored in a clean and sanitary manner when not in use for one (1) of two (2) residents reviewed for oxygen therapy, Resident #140. Findings Included: On 05/05/25 at 11:29 AM, during an observation and interview, Resident #140 was lying in bed. There was a nasal cannula (NC) and oxygen tubing wrapped around the side rail. Resident #140 stated that she usually wears oxygen at night, and sometimes during the day if she needs it. She confirmed that she had wrapped the NC and oxygen tubing around the side rail because she did not want it to fall to the floor. There was no bag available to place the tubing in while it was not in use. On 05/06/25 at 10:55 AM, during an observation and interview with Registered Nurse (RN) #1, Resident #140 was observed lying in bed with the NC and oxygen tubing resting on the floor. RN #1 stated that when oxygen is not in use, the NC and tubing should be stored in a clean plastic bag and kept within reach of the resident. She confirmed there was no plastic bag available in the resident's room for proper storage and acknowledged the tubing was not stored according to infection control standards. RN #1 immediately retrieved the tubing from the floor, discarded it, and stated she would replace it with a new NC and tubing. On 05/06/25 at 11:10 AM, during an interview with the Director of Nursing (DON) and the	M1570	interview with resident #140 the State Agency (SA) interviewed resident #140 and interviewed was lying in bed. The nasal cannula (NC) and oxygen tubing was around the side rail of the bed. On May 06, 2025, during a follow-up observation and interview of Registered Nurse (RN) by SA, resident #140 was observed lying in bed with the NC and oxygen tubing resting on the floor. RN #1 identified that when oxygen is not in use, the NC and tubing should be stored in a clean plastic bag and kept within reach of the resident. RN #1 immediately recognized the need for a plastic bag for proper storage and acknowledge that the tubing was not stored according to infection control standards. RN #1 immediately retrieved the tubing from the floor, discarded it and replaced it with new NC and tubing and Director of Nursing (DON) assisted with obtaining the needed drawstring plastic bags from respiratory department. This corrective intervention was done immediately by RN #1 to safeguard resident #140 regarding infection prevention practices. On May 06, 2025, following this observation, the SA interviewed the DON and the Administrator. DON explained that the respiratory department provides the drawstring plastic bags for the oxygen tubing when not in use. The DON acknowledged that tubing was not stored according to infection control standards and that the facility did not have a specific policy addressing the storage of NC or oxygen tubing as it relates to infection control.	

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M1570	Continued From page 2 Administrator, the DON explained that the Respiratory Therapy department provides drawstring plastic bags for residents to store their oxygen tubing when not in use. She stated the tubing should be placed in the bags and stored in a wire basket mounted on the wall above the resident's bed. The DON confirmed that Resident #140 did not have a storage bag available at the bedside and stated she would ensure one was provided. She further acknowledged that the facility did not have a specific policy addressing the storage of nasal cannulas or oxygen tubing as it relates to infection control. A record review of the facility's "Patient Information" document revealed Resident #140 was admitted by the facility on 5/1/25 with current diagnoses including Right Total Knee Arthroplasty. A record review of the "Assessment and Plan", dated 5/1/25, revealed a Physician's Order for Oxygen three (3) liters nightly and as needed.	M1570	Based on record review by SA, the patient information documented that resident #140 diagnosis current for right total knee arthroplasty. On further review by SA, the assessment and plan did reveal for resident #140, dated on admission that there was a physician order for oxygen at three (3) liters nightly as needed. On May 06, 2025, the DON immediately met with staff, providing on the spot, staff education regarding the infection control standards to be met regarding protecting residents, families, visitors and facility personnel as not meeting these infection control standards that was found to have potential to affect all residents related to the storage of oxygen tubing. A more in-depth education with staff conducted on May 14, 2025 and again on May 16, 2025, to include all staff. On May 06, 2025, the Administrator and DON implemented an oxygen management policy for the Skilled Nursing Unit (SNU) to ensure that each resident receives necessary respiratory care and services that is in accordance with professional standards of practice, the residents care plan and the residents choice, as medically practicable; including proper storage of NC and tubing when not in use by resident(s). This policy is an addition to the established infection prevention and control policy that is currently in place. The SNU Infection Prevention and Control Program (IPCP)	

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M1570	Continued From page 3	M1570	(483.80) includes an active surveillance program that is specific to measures for prevention, early detection, control, education and investigation of infection and communicable disease in the facility. The SNU has written standards, policies and procedures for the program that include a system for recording incidents identified under the SNUs IPCP and corrective actions taken by the SNU. The SNU implemented an Oxygen Management Policy to address the infection control need related to the finding regarding oxygen tubing storage during observation by SA. To protect residents in similar situations and to meet the professional standards of practice; while preventing the potential of infections and communicable disease, the use of standard precautions will be utilized regarding the implemented oxygen management policy for the SNU. Due to the potential to affect all residents related to the storage of oxygen tubing/storage of respiratory equipment, the Administrator, DON and Patient Care Coordinator will monitor this for three (3) weeks; bi-weekly, beginning on May 06, 2025 to conduct real-time findings related to all residents who utilized respiratory equipment related to an oxygen order, green oxygen in use signage on door and plastic drawstring bag in place for storage when not in use. This monitoring will take place during bi-weekly room rounding starting May 06, 2025 related all residents who utilize respiratory equipment via an oxygen use monitoring log and will complete monitoring on May 27, 2025. Upon any	

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M1570	Continued From page 4	M1570	findings, immediate just in time coaching with staff will be conducted for educational and corrective needs. Staff education will be reviewed during mandatory staff meeting(s) for the month of May. This will be discussed as new business during Quality Assurance (QA) meeting to be held on May 27, 2025 and will continue to be monitored for three (3) months (June 2025, July 2025 and August 2025). This monitoring, by the PCC, will continue weekly times three (3) months in June 2025, July 2025 and August 2025, then once a month every other month, times two (2) months in October 2025 and December 2025 to ensure complete compliance for all residents who utilize respiratory equipment.	