

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2021
NAME OF PROVIDER OR SUPPLIER HUMPHREYS CO NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CCC ROAD BELZONI, MS 39038		
(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 conducted an annual recertification along with a complaint, MS #18055 at Humphreys County Nursing Center from 10/18/21 to 10/21/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA did not substantiate MS #18055 for quality of care related to resident not groomed adequately and resident left wet for extended periods, with no citations related to the complaint. The SA cited F-758 during the survey. The facility was licensed for 60 beds and had a census of 41 at the time of the survey.	F 000			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic	F 758			11/12/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/11/2021

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 758	Continued From page 1 drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review, and facility policy review, the facility failed to have a stop date for a PRN (as needed) psychotropic medication, Ativan, ordered by mouth and intramuscular for one (1) of three (3) residents reviewed for psychotropic medications. (Resident #25) Review of the facility policy titled, "Screening for Use of PRN Psychotropic Medications," dated 04/06 and last revised on 11/17, revealed PRN orders for psychotropic drugs are limited to 14	F 758	1. Resident #25's psychotropic medication was discontinued on 10/20/2021 by the Director of Nurses after obtaining an order from resident's physician. Resident #25 has had no adverse effects from psychotropic medications. 2. All residents that receive psychotropic medication as needed are at potential to be affected by the deficient practice. 0 of 40 residents were identified by Director of Nurses on 10/20/21 having orders for		

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F 758	Continued From page 2 days. If the attending physician or prescribing practitioner believes that is appropriate for the PRN order to be extended beyond 14 days, he or she shall document the rationale in the resident's medical record and indicate the duration of the PRN order. An interview and record review of Resident #25's Medication Administration Record, (MAR), with Licensed Practical Nurse, (LPN) #1 on 10/20/21 at 09:35 AM confirmed an order for Ativan 2 mg by mouth every 12 hours as needed (PRN) and Ativan 2 mg/ml Intramuscular (IM) every six (6) hours PRN. LPN #1 stated the orders should have a stop date and she would call the doctor before she gave the medication. An interview and record review of Resident #25's MAR with the Director of Nursing, (DON), on 10/20/21 at 9:45 AM, revealed an order for Ativan 2 mg by mouth every 12 hours PRN and Ativan 2 mg/ml IM every 6 hours PRN. The DON stated the order should have had a stop date, be reevaluated by a doctor in 14 days, and another order needed to be written if the resident still needed the medicine. The DON stated the resident could have had issues with over sedation, weakness, and falls. The DON stated medical records, assigned floor nurses, the doctor, the pharmacy consultant, and herself were all responsible for checking the orders and ensuring they are correct. The DON stated a 24-hour chart check is completed by the medical records clerk. An interview and record review of Resident #25's MAR with LPN #2 on 10/20/21 at 9:58 AM revealed an order for Ativan 2 mg by mouth every 12 hours PRN and Ativan 2 mg/ml IM every 6	F 758	psychotropic medications as needed with potential to be affected by deficient practice. 3. In-service was conducted on 11/1/2021 by the Director of Nurses for all nurses and included obtaining 14 day stop dates for as needed psychotropic medications. A directed in-service by Corporate QI Nurse with the nurses was performed on 11/12/2021, on F758 and policy titled Screening for Use of PRN Psychotropic Medications with revision date 11/2017 with nurses. The Quality Assurance committee which consists of Administrator, Director of Nurses, Medical Director, Medical Records Nurse & Infection Preventionist was held 11/11/21, with review of policy titled, Screening for Use of PRN Psychotropic Medications with revision date 11/2017 and no changes recommended to policy. 4. Beginning 10/27/21, psychotropic medications as needed will be monitored for proper compliance with 14 day stop date by the Director of Nursing or Medical Records Nurse. This monitoring will occur weekly for four weeks and then monthly for 3 months. The findings and results of the monitoring by the Director of Nurses or Medical Records Nurse will be recorded on the medical record audit form and maintained by the Administrator. The Quality Assurance Committee will evaluate the monitoring of the records monthly for 3 months and make any recommendations or changes as needed.		

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F 758	Continued From page 3 hours PRN. LPN #2 stated she was responsible for 24-hour chart checks and auditing orders. LPN #2 stated the PRN orders for psychotic medications should automatically fall off in 14 days and residents must be reassessed for the need of a new order for the medication. LPN #2 stated she did audit Resident #25's medication orders and thought the medications had been removed. A phone interview with the Pharmacy Consultant on 10/20/21 at 01:45 PM, confirmed the facility's policy revealed PRN psychotropic medications are to be ordered with a stop date in 14 days, the resident is to be reassessed by the physician for need of continued use, a new order to be provided by the physician, and physician to provide documentation from a resident assessment noting resident needed the med to be ordered beyond 14 days. Pharmacy Consultant stated she has sent letters to Resident #25's physician regarding the Ativan orders, but the physician did not order for the Ativan to be discontinued. The Pharmacy Consultant stated the facility should have a copy of the letters she sent to Resident #25's physician. The Pharmacy Consultant stated the facility nurses or medical records should have also worked on getting the order removed in between her monthly visits. Record review of RX Form Letters faxed from the Pharmacy Consultant to the SA on 10/21/21 revealed the order for the PRN Ativan by mouth and IM was addressed on 8/25/20, 10/27/2021, 12/21/20, and 5/26/20. An interview on 10/21/21 at 9:29 AM with the DON revealed that she was unable to locate the RX Form Letters or copies for Resident #25	F 758			

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F 758	Continued From page 4 dated 8/25/20, 12/21/20, 10/27/20, and 5/26/21. Record review revealed Pharmacy Consultant's monthly chart reviews for Resident #25 from August 2020 to October 2021. An interview with the DON on 10/21/21 at 09:29 AM confirmed she was responsible for sending the "RX Form Letters" from the Pharmacy Consultant to the doctors for follow up regarding medication recommendations/changes and to manage communication from the physician to ensure recommendations are resolved. An interview with Resident #25's Medical Doctor (MD) on 10/21/21 at 09:32 AM revealed that he requested the order on the chart as PRN long term because of the resident's behaviors. The MD stated he was not aware of a 14-day stop date for PRN psychotropic medications. The MD stated he did not receive any RX Form Letters for Resident #25. Record Review of the Medication Administration Record (MAR) for Resident #25 revealed he had received PRN by mouth Ativan doses on: 6/13/21 at 06:02 PM 6/6/21 at 07:26 PM 4/9/21 at 8:42 PM 4/3/21 at 06:01 PM 2/18/21 at 05:43 PM 1/25/21 at 07:51 PM 1/24/21 at 07:30 PM 1/20/21 at 06:08 PM 1/7/21 at 08:05 PM 1/6/21 at 09:00 AM 12/21/20 at 01:39 PM 12/8/20 at 05:04 PM 11/3/20 at 11:48 AM 10/31/20 at 10:47 PM	F 758			

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F 758	Continued From page 5 510/27/20 at 09:34 AM 10/25/20 at 10:51 AM 10/22/20 at 11:19 AM 10/9/20 at 07:59 PM 9/28/20 at 09:54 PM 9/9/20 at 05:13 PM 9/3/20 at 10:39 AM 9/2/20 at 11:32 AM 9/1/20 at 08:02 PM 8/30/20 at 09:36 PM 8/29/20 at 09:23 PM 8/24/20 at 10:04 PM 8/22/20 at 06:21 PM Resident #25 received Ativan 2 mg/2 ml IM on the following dates and times: 5/13/21 at 09:27 AM 4/3/21 at 08:25 PM 3/27/21 at 05:37 PM 12/15/20 at 08:21 PM 11/8/20 at 07:21 PM 11/2/20 at 06:37 PM Record review revealed Resident #25 received 27 doses of Ativan 2 mg by mouth beyond 14 days of the start date of 8/4/20 and 6 (six) doses of Ativan 2 mg/ml IM beyond 14 days of the start date of 10/5/20. Review of Resident #25's quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 9/8/21 revealed a Brief Interview of Mental Status (BIMS) score of 99 which indicated the resident was cognitively impaired. Record review revealed the Resident #25 had diagnoses which included Anxiety Disorder, Depression, Manic Depression, Psychotic Disorder, Schizophrenia, Dementia, and	F 758			

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F 758	Continued From page 6 Alzheimer's Disease.	F 758			