STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255150	A. BUILDING _____ B. WING _____	04/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MENDENH	925 WEST MANGUM AVENUE MENDENHALL, MS 39114

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F 000	INITIAL COMMENTS The State Agency conducted an annual recertification along with a complaint investigation (CI MS #17727) from 4/27/21 to 4/30/21. During the survey, the SA determined that the facility was not in compliance with the Requirements of Participation for Medicare and Medicaid. The SA cited F641 and F695 during the survey. The census was 40 and the facility has a license for 60 beds. CI MS #17727 The result of the complaint investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Water not Offered, Client Services not Performed Per POC and Physicians Orders, Responsible Party not Notified of Residents Change in Condition, Resident not Turned Timely and Nursing Services.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review the facility failed to accurately code the admission Minimum Data Set (MDS) for one (1) of (16) residents Reviewed Resident #14. In a record review of the facility's "Resident Assessment Instrument" policy with a review date of March 2019. The policy statment revealed "A comprehensive assessment of a resident's needs shall be made upon the resident's admission and periodically as mandated by Omnibus Budget	F 641	1) On 4-29-2021 the Physician Order for Apirin on Resident #14 was clarified by the Assessment Nurse with the Nurse Practitioner and the classification was corrected by the Assessment Nurse. On 4-29-2021 the Minimum Data Set Assessment for Resident #14 was modified, the anticoagulant information corrected and resubmitted by the Assessment Nurse.	5/31/21

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

Electronically Signed | 05/24/2021

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F 641	Continued From page 1 Reconciliation Act (OBRA) and Medicare guidelines. The policy's interpretation and implementation revealed 8.) "... audits will be completed by the facility through weekly quality assurance meetings to review the Minimum Data Set (MDS's) and complete the triple check process to assure accuracy of the MDS." A record review of Resident #14's MDS admission assessment with an Assessment Reference Date (ARD) of 2/18/2021 Section N revealed anticoagulant was coded as being used by Resident #14 for the past five (5) days. Record review of Resident #14's Admission Record indicated the facility admitted Resident #14 on 02/12/2021 with the diagnoses of Alzheimer's Disease, Dementia, Major Depressive Disorder and Hyperlipidemia. A record review of Resident #14's Physician Orders with an order date of 4/6/21 revealed an order for Aspirin 81 mg tablet give one (1) tablet by mouth one time a day for Hyperlipidemia. The Physician Orders had no orders for an anticoagulant. On 04/29/21 at 01:00 PM in an interview with LPN #2 who is the MDS Nurse, confirmed when reviewing the admission assessment dated 2/18/21, Section N for Resident #14 that she had marked anticoagulant because Resident #14 was on Aspirin. She further explained she had marked the area in mistake because she confuses Aspirin with anticoagulant and antiplatelet. When ask what the procedure is done prior to submitting an assessment, she reported on Fridays every week prior to transmission the Administrator, Director of Nurses	F 641	2) All residents with an order for Aspirin have the potential to be affected. 3) On 4-30-2021 an audit was completed for 14 residents with physician orders for Aspirin by the Assessment Nurse. The classification for the orders were verified. 7 Minimum Data Set Assessments were modified, the anticoagulant information corrected and resubmitted by the Assessment Nurse on 4-30-2021. Staff education began on 4-30-2021 by the Director of Nurses with all nurses to educate the order entry procedure and classification of medication. The medication review included with the nursing admission audit, was revised to verify classification on medications. The Assessment Nurse was educated on the verification process prior to submitting Minimum Data Set Assessment and the weekly Utilization Review meeting by the Director of Nurses On 5-3-2021. On May 3, 2021 the Quality Assurance Committee implemented a reveiw of medication classifications prior to submission of the Minimum Data Set Assessment. This review will be conducted by the Director of Nurses during the weekly Utilization Review Meeting and remain in affect permanently. 4) On 5/3/2021 the Quality Assurance Committee initiated the daily audits on each Minimum Data Set Assessment, (in process) to verify the medication classifications, these will be conducted by the Director of Nursing or Administrative LPN. This procedure will be conducted	

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F 641	Continued From page 2 (DON) and she reviews and submits the assessments. She further explained this error was just overlooked. On 04/30/21 at 7:15 AM, in an interview with the DON, she explained she is the MDS Coordinator and signs all assessments for submissions. When ask if Aspirin was an anticoagulant, she reported Aspirin is not an anticoagulant and she was taught this over and over in school. She further explained when the team did review the assessments, the anticoagulant was missed in error. On 04/30/21 at 7:45 AM in an interview with the Administrator, she explained herself, DON, and MDS nurse review MDS assessments prior to submitting on Fridays and the anticoagulant was just missed. She further explained she did not know that Aspirin was not an anticoagulant and saw the order for Aspirin 81 mg with the diagnosis of Hyperlipidemia.	F 641	daily times 4 weeks,then weekly thereafter during the Utiliaztion Review Meeting. Any concerns noted will be addressed by the Quality Assurance Committee weekly times 4 weeks then monthly thereafter.	
F 695 SS=E	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, staff interview, and facility policy review the facility failed to ensure the	F 695	1) Upon notification on 4-30-2021 of the incorrect oxygen setting for Resident #19,	5/31/21

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F 695	Continued From page 3 resident received by nasal cannula oxygen at the ordered flow rate for one (1) of two (2) residents reviewed Resident #19. Resident #19 A record review of the facility's "Oxygen Administration" policy with a revised date of October 2010, revealed "The purpose of this procedure is to provide guidelines for safe oxygen administration...Assessment 10.) Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered... 13.) Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated. On 04/28/21 at 10:42 AM, during an observation of Resident #19, State Agency (SA) noted Resident #19 lying in bed with the head of bed elevated. Resident #19 observed with oxygen in use via nasal cannula with the oxygen concentrator noted at one and half (1.5) liters per minute and a Continuous Positive Airway Pressure Therapy machine (CPAP) noted at bedside. On 04/29/21 at 08:40 AM, Resident #19 was observed lying in bed with the head of bed elevated. Oxygen was observed in use at one and half (1.5) liters per minute via Nasal Cannula. SA observed a pulse oximeter device on Resident #19's left index finger with an oxygen saturation rate of 88%. Resident #19's respirations were even and unlabored with a wet cough noted and Resident #19 taking breaths in through nostrils. SA observed LPN #1 check Resident #19's oxygen saturation level and concentrator. SA asked LPN #1 what the rate of the oxygen concentrator was on, she confirmed oxygen	F 695	the rate was corrected by the LPN #1. 2) All resident who have orders for oxygen have the potential to be affected. 3) An audit was conducted on 4-30-2021 by the Director of Nurses and Staff Development Nurse of all residents with oxygen in use to verify the correct oxygen rate was set. No concerns were noted. Education began with all nurses on 4-30-2021 by Director of Nurses concerning oxygen settings per order and conducting every shift verification. Tasks were entered for every shift verification of oxygen settings and documentation of findings to be recorded on the Treatment Administration Record. 4) "Every Shift Oxygen Setting Verification" was added on 4/30/2021 to the Standing Orders to be implemented for all Residents who requires supplemental oxygen. On 5/3/2021 the Director of Nurses or RN Supervisor began the Daily Audits of oxygen settings for Residents with oxygen in use. The audits will continue daily times 4 weeks then weekly during the High Risk Meeting. On 5-3-2021 the concerns noted were reveiwed by the Quality Assurance Comittee, with the above changes implemented. The results of the daily audits will be reviewed by The Quality Assurance Committee weekly times 4 weeks, then monthly thereafter.	

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F 695	Continued From page 4	F 695		

concentrator was on one and half (1.5) liters per minute. SA observed LPN #1 correct the oxygen rate on the oxygen concentrator from one and half (1.5) liters per minute to three (3) liter per minute.

At 08:45 AM on 04/29/2021, SA observed LPN #1 recheck Resident #19's oxygen saturation level and the oxygen saturation level was up to 93% with the oxygen at three (3) liters per minute via nasal cannula.

On 04/29/2021 at 08:45 AM in an interview with Resident # 19 she explained she started wearing oxygen after she got COVID-19. Resident #19 further explained that she must always wear oxygen, or she will become short of breath.

On 04/29/21 at 08:55 AM, in an interview with LPN #1 when ask what Resident #19's oxygen order was she explained Resident #19 has an order for oxygen at three (3) liters per minute via nasal cannula. She further explained it is the nurse's responsibility to check the oxygen concentrators each shift for the proper oxygen rate. When ask what the effects of the wrong liters of oxygen could be is administered, she explained in Resident #19's situation, the resident could have low oxygen concentration levels and periods of confusion.

On 04/29/21 at 09:00 AM, in an interview with Certified Nurse Aide (CNA) #1, she explained she works with Resident #19 most day shifts when she works. She explained Resident #19 is very cooperative with care and never rejects care. She reported that Resident #19 always wears her oxygen and seldom complains of any shortness of breath.

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F 695	Continued From page 5	F 695		

On 04/29/2021 at 02:39 PM,, Resident # 19 was observed lying in bed with head of bed elevated and oxygen is use at three (3) liters per minute via nasal cannula. Resident #19 had no respiratory distress noted and breathing normally.

On 04/30/21 at 07:20 AM, in an interview with the Director of Nursing (DON), she reported it is the nurse's responsibility to always check oxygen concentrators on their shift to assure the resident is receiving the correct oxygen rate as ordered. When asked what could happen to a resident if oxygen is not on the correct rate as ordered, she explained a resident could go into Respiratory Distress and have low oxygen saturation levels.

Record review of Resident # 19's Admission record revealed the facility admitted Resident #19 on 10/23/2020 with the diagnoses of Acute Chronic Diastolic Heart Failure, Paroxysmal Atrial Fibrillation, Acute Respiratory Failure with Hypoxia, Unspecified Asthma, High Blood Pressure, and Guillain-Barre Syndrome.

Record review of Resident # 19's Physician Orders revealed an order for oxygen at 3 liters per minute per nasal cannula every day and night shift for chronic respiratory failure, change humidifier bottle on oxygen concentrator every 3 days, Ipratropium-Albuterol 3 ml inhale orally four times a day, Symbicort Aerosol 80-4.5 mcg/ACT 2 puffs orally two times a day, and CPAP at 10 cmH2o at bedtime for sleep apnea fill with distilled water only with order date of 04/05/21.

Record review of Minimum Data Set for significant change with Assessment Reference Date of 3/08/2021 revealed Section C Resident #

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F 695	Continued From page 6 19 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident # 19 is cognitively intact. Section O revealed oxygen was checked. Record review of Resident # 19's care plans revealed a care plan for Resident # 19 has altered respiratory status and difficulty breathing related to Respiratory Failure Chronic Asthma with appropriate goal and interventions including oxygen setting oxygen via nasal prongs at three (3) liters minute every shift with humidified water. The plan of care also revealed Resident #19 refuses to wear CPAP at night and provider notified.	F 695		