| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| COURTYARD REHABILITATION AND HEALTHCARE | 501 SOUTH LOCUST STREET MCCOMB, MS 39648 |

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| F 000 | INITIAL COMMENTS<br><br>CI MS #16103, CI MS #16239, CI MS #16272 & CI MS #16287<br><br>The State Agency (SA) conducted an annual recertification survey, along with complaint(s) MS #16287, MS #16239, MS #16103, and MS #16272, from 10/21/19 to 10/24/19. The SA substantiated MS #16272 for pain medication not available and administered per orders and cited F755 related to the complaint. The SA did not substantiate the other complaints, MS #16239-related to quality of care, missing clothing, infection control, and privacy; MS #16103-related to timely incontinent care and linen availability; and MS #16287-related to bedbugs. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited other deficiencies at F641, F645, F656, F690, F921, and F926.<br><br>The facility census was 126 and the facility was licensed for 145 beds at the time of survey. | F 000 | | |
| F 755 SS=D | Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures | F 755 | | 12/3/19 |

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

Electronically Signed | 11/14/2019

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 755 | Continued From page 1<br>that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.<br><br>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br>This REQUIREMENT is not met as evidenced by:<br>MS #16272<br>Based on staff interview, record review, facility policy, and resident interview, the facility failed to obtain and provide Resident #61's pain medication in a timely manner for one (1) of four (4) residents reviewed for pain. Resident #61 did not have Norco available for pain, as ordered by the physician, for nine (9) scheduled doses.<br><br>Findings Include:<br><br>A review of the facility's, "LTC Receiving Pharmacy Products and Services from Pharmacy", revised 10/31/16, revealed new orders for Schedule II controlled substances required a written prescription prior to dispensing, unless there is an emergency situation. An | F 755 | F755<br><br>1. Root Cause Analysis (RCA) was conducted by the Inter Disciplinary Team 10-28-19 and based on results.<br><br>2. Quality review of current residents with physician orders for pain medications was completed 10-23-19 by Director of Nursing to ensure current residents pain medications ordered by physician are available for administration. Resident #61 received her pain medication on 9-26-19 as ordered by the physician.<br><br>3. Education with licensed nurses 11-8-19 by Divisional Director of Clinical Services | |

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| F 755 | Continued From page 2<br>emergency situation is one in which the prescribing Practioner determines that immediate administration of the Schedule II controlled substance is necessary for proper treatment of the intended ultimate user. If the medication is needed before the next scheduled delivery, facility staff should indicate the exact time by which the medication is needed.<br><br>Review of the Physician's Orders, for Resident #61, revealed Norco 10-325 milligram (mg) one (1) tab every eight (8) hours for pain.<br><br>Record review of Resident #61's Controlled Narcotic Log for Norco 10-325 mg revealed the Norco 10-325 mg was last signed out 9/22/19 at 10:00 PM. The Log also shows Norco 10-325 mg #30 signed in for Resident #61 on 9/25/19, with the first dose signed out on 9/26/19 at 6:00 AM. This indicated the resident didn't receive Norco on 9/23/24 for three (3) doses, 9/24/19 for three (3) doses, and 9/25/19 for three (3) doses. (Total of nine (9) doses).<br><br>Record review of the Medication Administration Record (MAR) for Resident #61 revealed no documentation for Norco 10-325 milligram (mg) on 9/23/19 at 2:00 PM and 10:00 PM; 9/24/19 at 6:00 AM, 2:00 PM, and 10:00 PM; and 9/25/19 at 6:00 AM.<br><br>During an interview on 10/21/19 at 11:25 AM, Resident #61 stated she ran out of her pain medication for about three (3) days. She stated the nurses told her the pharmacy needed a signed script for the medication, so they had to wait to get a doctor to sign a new script. She stated she was upset because she was hurting so bad. Resident #61 stated since the issue was | F 755 | (DDCS)on this Federal regulation F755 with emphasis on ordering medications and ensuring medication is available for administration. Policy for providing pain medication in a timely manner review began on 11-8-19 with Licensed Nurses by the DDCS.<br><br>New hires will be educated in orientation. Facility will provide routine emergency drugs and biologicals to its residents and provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident.<br><br>4. Quality monitoring began 11-11-19 and is to be conducted three times a week for four weeks, then two times a week for four weeks, then monthly by Director of Nursing, Charge Nurse, or Unit Manager of medication availability to ensure physician ordered medications are available for administration. The findings of the Quality Review will be reported in the monthly Committee meeting and reviewed by the IDT. RCA will be used by the committee and updates made to the performance improvement plan as indicated by findings. | |

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| F 755 | Continued From page 3 | F 755 | | |

cleared up, she hasn't had any problems with getting the pain medication and she's okay.

During a telephone interview on 10/21/19 at 3:23 PM, a Pharmacy Representative stated that the pharmacy's records revealed that Resident #61's Norco 10-325 mg #90 was delivered to the facility on 8/19/19, and on 9/25/19 #45 was delivered to the facility. Review of a delivery receipt revealed Norco 10-325 mg was delivered to the facility for Resident #61 on 8/19/19, and 9/25/19.

During a phone interview on 10/21/19 at 5:08 PM, Licensed Practical Nurse (LPN) #2 stated Resident #61 did go without her pain medication for one (1) - two (2) days. She stated that it was on her weekend to work and she gave the 10:00 PM dose on Sunday night 9/22/19, but there were none for Monday morning. LPN #2 stated that she returned to work on Wednesday 9/25/19, and Resident #61 still did not have any Norco, so she obtained a hard script from the facility's Physician's Assistant (PA) for the Norco. LPN #2 stated that when she spoke to the PA to obtain the new prescription, he stated that nobody had called him over the weekend for a hard script or for a substitute.

During an interview on 10/22/19 at 8:58 AM, the Physician's Assistant revealed that he was never made aware of Resident #61 being without her Norco at any time.

During a phone interview on 10/22/19 at 10:00 AM, LPN #3 revealed Resident #61 did not have Norco in the building for her shift on 9/23/19 for the 10:00 PM, 9/24/19 - 6:00 AM, 9/24/19 - 10:00 PM, and 9/25/19 - 6:00 AM doses. LPN #3 stated she reported not having the medication to

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| F 755 | Continued From page 4 | F 755 | | |

Registered Nurse (RN) #2 the first night, and then RN #3 the second night. LPN #3 stated to her understanding they do have an E-kit, but they have to contact the pharmacist and the pharmacist has to contact the physician to be able to get into the box. LPN #3 stated that RN #2 tried to call the Physician's Assistant, without an answer. LPN #3 stated after she reported it the first night, she thought the Norco would come in with the medication order around 11:00 PM, but it didn't, and when she returned to work the next day, she thought it would be there, but it wasn't, so that's when she reported to RN #3. She stated she also reported it the next morning to the oncoming nurse.

During an interview on 10/22/19 at 10:12 AM, LPN #1 stated she didn't remember if the medication (Norco) was in the building or not. She stated if she would have noticed the medication was not there, she would have called the pharmacy to see if Resident #61 had any on backup that could have been sent. She further stated if the medication was a narcotic, she would call the doctor for a hard script and get the medication into the facility. LPN #1 stated she worked 9/23/19 and 9/24/19, and she just didn't remember calling the pharmacy or the doctor to get a script. She stated she didn't remember the resident complaining about not getting pain medication. LPN #1 stated they have an E-kit and a code was needed to call the doctor and the pharmacist. LPN #1 stated they have an after-hour backup pharmacy, (name) and they will come out at night. LPN #1 stated she gave the resident Tylenol on 9/23/19 at 4:45 PM, 9/24/19 at 8:45 AM, and 9/24/19 at 6:15 PM.

During an interview on 10/22/19 at 10:20 AM, RN

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| F 755 | Continued From page 5<br>#2 revealed she remembered on 9/24 or 9/25, that Resident #61 did not have her pain medication. RN #2 stated Resident #61 called her to come to her room and the resident reported she didn't have her pain medication. RN #2 stated she called the Medical Director and left him a message and even called him two (2) or three (3) times with no answer from him. She stated she even called his house phone. RN #2 stated that she didn't know the process of getting into the E-kit, but she just usually called the physician with what she needed. RN #2 stated they offered Resident #61 some Tylenol and she refused it. RN #2 stated if it had been reported to her earlier in the day, she would have gotten a script, because the PA was in the building earlier that day. RN #2 stated she remembered the PA came into the building on 9/25/19, and LPN #2 got a hard copy from him and got Resident #61's Norco. RN #2 stated that she knew Resident #61 well and she needed her pain medication.<br><br>During an interview on 10/22/19 at 10:44 AM, RN #3 stated all she could remember was that Resident #61 didn't have her medication on 9/23/19, and she reported it to the morning nurses on 9/24/19. She stated Resident #61 was complaining that she needed her pain medication. RN #3 stated they offered her Tylenol and she refused at first, but then took it. RN #3 stated she called the Medical Director, who is Resident #61's physician, on 9/24/19, and left a message that Resident #61 needed a hard script sent to pharmacy for her pain medication, that she was out, and the physician texted back the word "ok". RN #3 stated that she didn't work 9/24/19 or 9/25/19, but came back on 9/26/19, and Resident #61 had her medication at that point. | F 755 | | |

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| F 755 | Continued From page 6<br>During an interview on 10/22/19 at 1:20 PM, the Administrator revealed getting the medication for Resident #61 just fell through the crack. The Administrator stated the nurses did not follow through with the process to obtain Resident #61's pain medication in a timely manner, but she was glad they gave her something until it was obtained.<br><br>During an interview on 10/22/19 at 3:14 PM, the Medical Director revealed he did not have a memory regarding Resident #61 running out of pain medication. The Medical Director stated the nurses should have been persistent in contacting someone to get a hard script, or to get a substitute pain medication, until they received the Norco in the facility. The Medical Director stated, "I think Resident #61 receiving Neurontin and Tylenol is what helped her maintain a decent pain level without the Norco". The Medical Director stated he thought there was a way the nurses could call the pharmacy and get an emergency supply of medication, but he wasn't sure what the facility's process was. | F 755 | | |
| F 926 SS=E | Smoking Policies<br>CFR(s): 483.90(i)(5)<br><br>§483.90(i)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account nonsmoking residents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, observation, record review, and facility policy review, the facility failed to provide a safe smoking environment as evidenced by plastic trash cans and plastic bags | F 926 | F 926<br><br>1. Root Cause Analysis (RCA) was conducted by the Interdisciplinary Team | 12/3/19 |

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| F 926 | Continued From page 7<br>were used in the smoking area for cigarette butt disposal, for three (3) of four (4) observations during survey.<br><br>Findings include:<br><br>A review of the "Smoking" Policy, dated, revealed: The Center will provide a safe, designated smoking area for residents. Smoking is only allowed in designated areas and oxygen is not permitted. The Center will have safety equipment available in designated smoking areas including: smoking blankets, smoking aprons, a fire extinguisher and non combustible self-closing ashtrays. Procedure: 7. Metal containers with self-closing cover devices, into which ashtrays can be emptied, shall be readily available to all areas where smoking is permitted.<br><br>On 10/21/19 at 11:17 AM, an observation in the smoking area revealed a plastic trash container and plastic trash bag, with cigarette butts noted in the plastic container.<br><br>On 10/23/19 at 2:57 PM, an interview was conducted with Resident #42, whom reported he is aware of the designated smoking areas, staff is available while smoking, and he does not keep his own cigarettes, the staff hold onto their cigarettes.<br><br>On 10/23/19 at 3:12 PM, an observation in the smoking area revealed a plastic trash container/plastic trash bag, with cigarette butts noted in trash container.<br><br>On 10/23/19 at 3:57 PM, an interview with Housekeeping Staff #1, revealed Housekeeping cleaned the smoking area two (2) times a day | F 926 | (IDT) on 10-28-19 and based on results plastic trash cans and plastic liners were removed from smoking porch on 10-24-19 by the Executive Director.<br><br>2. Current residents that smoke have the potential to be affected.<br><br>3. Education with current Housekeeping and Maintenance staff began on 11-08-19 conducted by Executive Director regarding safe smoking trash cans or liners in smoking areas.<br><br>The facility will provide a safe smoking environment.<br><br>4. Quality Observation of smoking areas began on 11-08-19 and will be conducted by Executive Director or Maintenance Supervisor five times a week for four weeks, then three times a week for four weeks, then monthly for two months to ensure a safe smoking environment. The findings of the Quality review will be reported in the monthly Quality Assurance Performance Improvement (QAPI) Committee Meeting and reviewed by the IDT. RCA will be used by the committee and updates made to the performance improvement plan as indicated by findings. | |

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| F 926 | Continued From page 8<br>and emptied the trash bags.<br><br>On 10/24/19 at 9:47 AM, an interview and observation, with the Administrator, revealed the trash container in the smoking area, with plastic bags, and cigarette butts. The Administrator stated there should be no plastic bags in the smoking section. | F 926 | | |