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	255270	A. BUILDING _____ B. WING _____	12/29/2021

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey along with Complaint Investigation (CI) MS # 18391 in the facility from 12/27/21 through 12/29/21. The SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA cited F812 related to unclean and unsafe dietary department, undated and unlabeled food in the resident refrigerator at the nurse's station and F645 related to failure to correctly complete a Preadmission Screening (PAS) form. The SA substantiated CI MS #18391 related to failure to manage resident's pain and F697 was cited. The complaint was not substantiated for failure to provide Activity of Daily Living care. The facility had a census of 46 at the time of the survey and held a license for 60 beds.	F 000		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and	F 645		2/25/22

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

Electronically Signed | 01/21/2022

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F 645	Continued From page 1 (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.	F 645		

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F 645	Continued From page 2 §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to correctly complete a Level I Pre-Admission Screening (PAS) for a resident requiring a Level II Pre-Admission Screening and Resident Review (PASRR) for major mental illness for one (1) of three (3) residents reviewed for no PASRR with diagnosis. Resident #42. Findings include: An interview and record review of Resident #42's admission paperwork and Level I Pre-Admission Screening (PAS), on 12/28/21 at 10:00 AM, with the Social Worker (SW), confirmed Resident #42 was admitted to the facility on 6/1/21, with a diagnosis of Major Depressive Disorder. The SW confirmed Resident #42 had a physician's order for Seroquel 25 milligrams (mg), dated 6/1/21. The SW confirmed that she answered PAS questions incorrectly related to person has diagnosis of major mental illness, person has a recent history of a major mental illness, and person takes, or has a history of taking psychotropic medication, causing the PAS not to trigger for Resident #42 to have a Level II Pre-Admission Screening and Resident Review (PASRR). SW confirmed it was important for a	F 645	" Social Worker submitted information for Preadmission Screening and Resident Review (PASARR) for a re-evaluation for resident #42 on 12/28/2021. New PASARR for resident #42 was received on 12/30/2021 stating that resident #42 was exempt from IDD Level II and appears to be appropriate for nursing facility placement. " The facility has determined that all residents have the potential to be affected. Social Worker completed an audit of current residents Preadmission Screening and Resident Review (PASARR) to ensure that any resident with a new mental health diagnosis(s) had a PASARR evaluation completed, and any mental health diagnosis(s) were identified on the current PASARR screen by 01/20/22. Those residents identified that do not have an accurate PASARR evaluation on file will be resubmitted for a new PASARR screening by 02/11/22. " Administrator provided education to	

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F 645	Continued From page 3 PAS to be completed correctly, to ensure Resident #42 received appropriate mental health services while in the nursing facility. An interview, on 12/28/21 at 02:35 PM, with the Administrator, confirmed the PAS submitted for Resident #42, on 6/7/21, had questions answered incorrectly. The Administrator confirmed the questions being answered incorrectly on the PAS, caused Resident #42 to not receive a Level II PASRR. The Administrator confirmed she was aware that Resident #42 had a diagnosis of Major Depressive Disorder and a physician's order for Seroquel 25mg, dated 6/1/21, in the admissions paperwork, when admitted to the nursing facility on 6/1/21. The Administrator confirmed it was important for Resident #42 to have received a Level II PASRR to ensure the facility provided appropriate mental health services while in the nursing facility. The Administrator stated the facility did not have a policy regarding completion of a PAS. Record review, of the PAS, for Resident #42, revealed it was submitted on 6/7/21. The PAS was answered, no, for person has diagnosis of major mental illness, person has a recent history of a major mental illness, and person takes, or has a history of taking psychotropic medication. Record review of the Face Sheet revealed Resident #42 was admitted to the facility on 6/1/21. Record review of the Diagnosis/History revealed a diagnosis of Major Depressive Disorder dated 6/1/21. Record review the June 2021 Physician's Orders	F 645	the Social Worker and Admissions Director on the requirements of the Preadmission Screening and Resident Review (PASARR) processing for mental disorders and individuals with intellectual disabilities on 12/30/2021. " The Interdisciplinary team will audit each new admission PASARR Screen upon completion and then quarterly thereafter. Social Work will report the findings of the audits January 27, 2021 to the QAPI Committee Meeting to ensure compliance. Social Worker will report findings of ongoing audits of new admissions to QAPI committee for review and recommendations for ongoing compliance until substantial compliance is achieved for 90 days.	

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F 645	Continued From page 4 revealed an order dated 6/1/21 for Seroquel 25mg one (1) orally two times a day, Altered Mental Status. Review of the Minimum Data Set (MDS) Significant Change in Status Assessment, dated 12/17/21, noted Resident #42 had a Brief Interview for Mental Status (BIMS) score of 05, which indicated the resident had severe cognitive impairment.	F 645		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on family interview, staff interviews, facility policy review, and record review, the facility failed to treat, monitor, and manage the resident's pain for one (1) of three (3) residents assessed for pain. Resident #143. Findings include: Review of the facility policy titled, "Pain: Assessment, Scale and Management", dated 11/28/2017, revealed, "POLICY:...facilities shall provide management of pain to ensure that residents attain or maintain the highest practicable physical, mental, and psychosocial well-being...PROCEDURE:...attempts to control pain shall be employed until the resident reaches an acceptable comfort level..."	F 697	" Resident # 143 no longer resides in the facility. RN # 1 is no longer employed at the facility as of 12/9/2021. " The facility has determined that all residents have the potential to be affected. To identify other residents who have the potential to be affected, on 12/29/2021, the interdisciplinary team completed pain evaluations on all residents. For residents identified with pain, appropriate interventions are in place. " To prevent this from re-occurring, beginning 12/29/2021, the Staff Educator started in-service for license nursing staff	2/25/22

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F 697	Continued From page 5 A phone interview on 12/28/2021 at 8:25 AM, with Resident #143's daughter, revealed her mother had a brain aneurysm on 2/1/2019, and was admitted to the facility on 2/20/2019, for therapy with the plan to return home. She revealed that the resident's condition deteriorated, and she was admitted to the hospital on 5/5/2021 and was discharged to a hospice center after hospitalization. She revealed her mother passed away on 5/20/2021. She revealed she attended a dental appointment with her mother on 4/19/2021 and was "horrified" when she observed her mother's teeth had deteriorated and several were broken off at the gum line and caused her pain when she ate. She revealed her mother's teeth were not in that condition the last time she was able to see them. She revealed when COVID-19 started, she was only allowed to visit through the window, and during the few in person visits she had with her mother, both she and her mother were required to wear masks and remain at a distance, therefore, her mother's teeth were not visible to her. She revealed the staff did not give her mother the ordered pain medications that would have eased the pain and allowed less discomfort during meals. An interview on 12/29/2021 at 8:45 AM, with the Speech Therapist (ST) revealed she had worked with the resident on swallowing. She revealed the resident had discomfort in her teeth when she ate the mechanical soft diet and the diet was changed to a pureed diet to ease the pressure during meals. She revealed that during the assessment of the resident's mouth, she noted the resident's bottom front tooth was present, but decayed and biting down caused her discomfort. ST stated she thinks a dental consult was	F 697	on monitoring for pain, and providing interventions as needed when residents voice pain, or display non-verbal indicators of pain. This education will be completed on or before 01/19/2022. Staff Educator started in-service for therapy to communicate any complaint of pain to the nurse immediately. This education will be completed on or before 01/19/2022. This same education will be provided to new hires. On 12/29/2021 a physician order for nurse to monitor for signs of pain or verbal indicators of pain every shift was implemented for all current residents and will be added to all new admissions. " Beginning the week of January 17, 2022, the Director of Nursing will complete three random pain evaluation audits weekly for six consecutive weeks to ensure compliance. The Director of Nursing will bring findings of weekly audits to the monthly Quality Assurance Performance Improvement (QAPI) Meeting beginning with January 27, 2022 meeting for review and recommendations until such time consistent substantial compliance has been achieved for 90 days.	

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postponed when the resident had COVID-19.

A phone interview on 12/29/2021 at 10:45 AM, with Registered Nurse (RN) #1, revealed she had taken care of Resident #143. She revealed the resident complained of pain in her mouth, and when she evaluated her mouth, she noted several teeth were broken off at the gum line. She revealed she did not remember if she gave the resident anything for pain or if she offered other comfort measures, but if she had given pain medication, it would have been documented. She revealed if pain medication was not documented, she did not give. She revealed pain medication should have been given when resident was having pain.

An interview on 12/29/2021 at 12:40 PM, with the Director of Nursing (DON), revealed when Resident #143 complained of pain, interventions to alleviate pain should have been implemented. She revealed the pain medication should have been given, the physician should have been notified concerning findings in resident's mouth, and a follow up for pain evaluation should have been done. She revealed the resident should have received treatment and been closely monitored to ensure comfort and well-being and her pain should not have been left untreated. The DON confirmed the resident had an order for Tylenol as needed (PRN), and this was not administered to help ensure the resident was comfortable. She confirmed the resident's pain was not treated and the facility failed to ensure the resident's pain was monitored and treated appropriately.

An interview on 12/29/2021 at 12:45 PM, with the Administrator, revealed there was documentation

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the resident was in pain and no treatment was given. She confirmed the facility failed to ensure the resident's pain was monitored and treated appropriately. The Administrator confirmed that by pain medication not being administered as ordered and by the delay in obtaining a dental consult, the resident's pain was not managed properly.

Record review of ST Progress Note, dated 3/24/2021, revealed, "Patient unable to tolerate mechanical soft consistencies due to signs and symptoms (s/s) of dysphagia and reported pain with teeth during mastification."

Record review of nurses note on 3/5/2021 at 01:54 PM, revealed, "Resident complains of mouth pain, pointed to left side of mouth. Noted upon view resident has a molar broken off and noted decay. And also bottom teeth are broken off to the gums. Resident unable to eat and drink due to intolerance of heat and cold on tooth..."

Record review of the March 2021 Physician's Orders revealed an order dated 2/7/2021 for Acetaminophen 325 milligram tablet and give two tablets to equal 650 milligrams by mouth every four hours as needed for mild pain 1-3.

Record review of electronic Medication Administration Record revealed the resident did not receive any doses of the pain medication as ordered for the months of February, March, April, or May of 2021. Record review of Resident #143 ' s electronic Medication Administration Record also revealed there was a lack of monitoring for pain for the resident.

Record review of Resident #143's care plan

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F 697	Continued From page 8 revealed a care plan was not developed for the resident for mouth pain. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/2/2021, Section C - Cognitive, revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated severe cognitive impairment. Record review of the Face Sheet revealed the resident was admitted to the facility on 2/20/2019 with diagnoses of Pain, unspecified, Dysphagia - Oropharyngeal Phase, Cognitive Communication Deficit, and Aneurysm of Vertebral Artery.	F 697		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		2/25/22

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F 812	Continued From page 9 by: Based on observation, interview, record review and facility policy review, the facility failed to provide a safe and clean environment for preparing and storage of food for two (2) of three (3) kitchen/nourishment room tours. Findings include: Review of facility policy, titled, "Cleaning Instructions: Oven," dated 2017, revealed "Policy: Ovens will be cleaned as needed and according to the cleaning schedule (at least once every two weeks). Spills and food particles will be removed after each use ..." Review of facility policy, titled, "Cleaning Instructions: Ranges," dated 2017, revealed, "Policy: The cook/chef on each shift is responsible for keeping for range as clean as possible during the preparation of the meal. The range will be cleaned after each use. Spills and food particles will be wiped up as the occur ..." Review of facility policy, titled, "Cleaning Instructions: Fryers," dated 2017, revealed "Policy: Fryers will be cleaned on a regular basis and cared for in such a way to maintain optimum production ..." Review of facility policy, titled, "Food from Outside Sources," dated 2008, revealed," ...Procedure: 5. Food brought in should be labeled with the individual's name and dated if it must be stored." An observation, on 12/28/21 at 2:00 PM, revealed there was a yellow and brown build up on a large steam table pan lid, a flat/thin silver sheet of	F 812	The cookie sheets and sheet of metal that were used to cover the deep fryer were replaced with new metal pans. The four (4) deep fryer baskets were cleaned to remove buildup. The stove top was cleaned around the eyes and the pipes under each stove eye were cleaned. The convection oven was cleaned inside and outside. The silver panel located behind the stove was cleaned to remove the buildup. The six (6) baking pans and five (5) pots were replaced. The resident nourishment refrigerator was cleaned thoroughly to remove all build up and all items that were not labeled properly were removed. The facility has determined that all residents have the potential to be affected. Administrator completed inspection of all equipment on 01/18/2022 in dietary department to ensure all equipment is free of buildup. Any areas that were identified as needing cleaned were cleaned immediately. On 01/17/2022 The administrator also completed inspection of resident nourishment refrigerator to ensure all items were dated and labeled and that refrigerator was clean. To prevent re-occurring, beginning 12/28/2021 the Registered Dietician set up a cleaning schedule for the staff to follow and educated them on importance of thoroughly cleaning according to schedule. 12/30/2021 the Director of Nursing completed education with	

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F 812	Continued From page 10 metal, and two (2) cookie sheets, that were being used to cover the deep fryer. There were four (4) deep fryer baskets, sitting on top of the deep fryer covers, covered with yellow and brown build up. The stove top had black colored build up on the areas surrounding the eyes. There was black, crusty, build up on the pipes under each stove eye. The inside of the convection oven doors was covered with a dark brown build up that had run down on the ledge on the outside of the stove under the oven doors. The back wall of the convection oven was covered in a dark brown build up. There was a dark and thick, yellow and brown, build up on the silver panel located behind the stove. There were six (6) baking pans and five (5) pots covered with a dark brown and black build up on the outside. The baking pans had a dark brown build around the sides on the inside of the pans. An observation and interview, on 12/28/21 at 2:12 PM, with Dietary Cook #1, confirmed that there was grease build up on the stove top, that there was black crusty build on the pipes under the stove eyes, that there was a yellow and brown build up on the 4 deep fryer baskets, that there was a yellow and brown grease build up on the large steam table pan lid, a flat piece of silver metal, and two (2) cookie sheets, that were being used to cover the deep fryer, that there was a brown build up inside the doors of the convection oven, that there was a dark brown build up on the ledge of the convection oven on the outside under the doors, that there was a brown build up on the back wall inside of the convection oven, and that there was a yellow and dark brown build up on the silver panel located behind the stove. Dietary Cook #1 stated all of the appliance's should have been cleaned and were supposed to	F 812	Certified Nurse Assistants on cleaning the resident nourishment refrigerator and properly dating and labeling items placed in it. Beginning the week of 1/24/2022 The Administrator will conduct weekly inspections to ensure proper cleaning of equipment for six weeks. The Administrator will report the findings of the audits monthly at the Quality Assurance/Performance Improvement (QAPI) Committee Meeting beginning January 27, 2022. The Quality Assurance/Performance Improvement (QAPI) committee will review results to ensure ongoing compliance until substantial compliance has been achieved for 90 days. Beginning January 24, 2022, the night shift nurse will monitor the resident nourishment refrigerator daily to ensure clean and all items are properly labeled, they will report their findings to the director of nursing who will report monthly to the QAPI committee beginning 1/27/2022 for review and recommendations for ongoing compliance until substantial compliance has been achieved for 90 days.	

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be cleaned every week. Dietary Cook #1 stated she did not know when the last time the deep fryer was used or cleaned.

An observation and interview, on 12/28/21 at 02:20 PM, with Dietary Staff #2, confirmed the stove top, the deep fryer covers, and the 4 deep fryer pans had grease build up and had not been cleaned. Dietary Staff #2 revealed she did not know who was assigned to clean the stove and she did not know how long the fryer basket had been dirty. Dietary Staff #2 confirmed the baking pans and the pots had yellow and black build on the outside and the baking pans has dark brown build up on the inside.

An interview, on 12/28/21 at 02:25 PM, with Dietary Staff #3, revealed the deep fryer had not been used in a very long time, and she could not give a specific time frame. Dietary Staff #3 stated there were plenty of cleaning supplies available to clean the kitchen appliances, but did not know who was supposed to be cleaning the fryer.

An observation and interview, on 12/28/21 at 03:30 PM, with the Administrator, confirmed there was a brown and yellow grease build up on a large steam table pan lid, a flat piece of silver metal, and two (2) cookie sheets, that were being used to cover the deep fryer, that there were four (4) deep fryer baskets covered with yellow and brown build up, that the stove top had grease build on the areas surrounding the eyes, that there was black, crusty, build up on the pipes under each stove eye, that there was a thick, yellow and brown build up on the silver panel behind the stove, that the inside of the convection oven doors were covered with a dark brown build up that had run down on the ledge on the outside

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255270	A. BUILDING _____ B. WING _____	12/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH STREET PONTOTOC, MS 38863

(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
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of the convection oven under the oven doors, that the back wall of the convection oven was covered in a dark brown build up, that there was a yellow and dark brown build up on the silver panel located behind the stove, and that the baking pans and pots were covered with a brown and black build up on the outside, that the baking pans had a dark brown build around the sides on the inside of the pans. The Administrator stated the grease build up on the stove top, on the stove pipes, and on the deep fryer could possibly cause a fire. The Administrator revealed she only had a copy, for one week, of the December 2021 kitchen cleaning schedule, that showed kitchen staff cleaning task assignments. The Administrator revealed that the December 2021 kitchen cleaning schedule did not have a date that indicated which week in December the cleaning took place. The Administrator confirmed there has been no in-services done on the cleaning of the kitchen.

An observation, on 12/28/21 at 04:00 PM, revealed the resident nourishment refrigerator had an excessive amount of yellow and dark tan build up inside at the bottom of the refrigerator. The entire bottom of the inside of the refrigerator had yellow and tan spillage, that was dried and run out of the bottom under the door. There was also spillage down the lower part of the back wall inside of the refrigerator. Observation also revealed there were several outside food items and drinks in the resident nourishment refrigerator that were not labeled with a resident's name or dated, to show when they were placed in the resident nourishment refrigerator. Items observered included two (2) plastic containers with food, cold cut tray, two (2) zip lock bags and three (3) opened partially empty drink bottles in

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	255270	A. BUILDING _____ B. WING _____	12/29/2021

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the nourishment refrigerator that were not labeled or dated.

An observation and interview, on 12/28/21 at 04:05 PM, with Licensed Practical Nurse (LPN) #1, confirmed the resident nourishment refrigerator had an excessive amount of yellow and dark tan build in the bottom and the nourishment refrigerator should have been cleaned. LPN #1 stated the nourishment refrigerator was supposed to be cleaned by the night shift staff, but not sure how often the refrigerator was to be cleaned. LPN #1 stated the outside food, not being labeled and dated in the resident nourishment refrigerator, could cause a resident to have been given the wrong food or old food, and a resident could get sick.

An observation and interview, on 12/28/21 at 04:14 PM, with Director of Nursing (DON), revealed the resident nourishment refrigerator at the nurses station had an excessive amount of yellow and dark tan build up, in the bottom of the refrigerator, on the inside, and there was several food items, two (2) plastic containers with food, cold cut tray, two (2) zip lock bags and three (3) opened partially empty drink bottles in the nourishment refrigerator that were not labeled or dated. The DON confirmed the resident nourishment refrigerator should have been cleaned. The DON confirmed the 11:00 PM to 7:00 AM shift's nursing staff were responsible for the nourishment refrigerator cleaning task. DON confirmed a resident could get sick if they were given the unlabeled food or drinks.

A telephone interview, on 12/29/21 at 11:50 AM, with Dietary Staff #4, revealed she last cleaned the stove top and the convection oven, on

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	255270	A. BUILDING _____ B. WING _____	12/29/2021

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Saturday, 12/18/21. Dietary Staff #4 stated it was not her job to clean the stove and oven and the Kitchen Cook was responsible for cleaning the stove.

Record review of the December kitchen cleaning schedule title, "Daily Cleaning Schedule Form," dated December 2021 revealed the schedule covered one week and did not indicate which week in December it represented. The cleaning schedule revealed the cleaning of the stove top and the convection oven were to be done weekly. There was no indication of how often the fryer was to be cleaned. The December kitchen cleaning schedule revealed Dietary Staff #4's initials, that indicated she was the last one to clean the stove top and the convection oven, on a Saturday, with no specific date noting which Saturday in December the cleaning took place.

Record review of the cleaning schedule for the nourishment refrigerator titled, "11-7 Cleaning Schedule," dated 04/23/14 revealed the nourishment refrigerator was to be defrosted and cleaned every Thursday, and all Certified Nursing Assistants were to work together to complete the task.