STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A188	A. BUILDING _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLIVAR MEDICAL CENTER LTC	901 E SUNFLOWER RD CLEVELAND, MS 38732

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F 000	INITIAL COMMENTS The State Survey Agency (SA) conducted an annual recertification survey at the facility from 9/24/18 to 9/26/18. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. The SA cited the regulatory deficiencies F656, F758, and F759. At the time of the survey, the census was 34 and the facility held a license for 35 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		10/26/18

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

Electronically Signed | 10/26/2018

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 656	Continued From page 1 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review, the facility failed to follow Resident #26's Comprehensive Care Plan related to Percutaneous Endoscopic Gastrostomy (PEG) tube medication administration for one (1) of 12 care plans reviewed. Findings include: Review of the facility's policy titled, "Nursing Assessment and Interdisciplinary Care Plan", dated 9/25/18, revealed: Resident care management shall include: Development of an overall plan of care for each resident. The plan will be developed by an interdisciplinary team to assure that the activity of care will achieve and maintain optimal resident status. Interventions: Each discipline will develop an intervention for each goal and document the necessary intervention on the care plan. Resident care plan interventions will be individualized, based on each	F 656	1. The Director of Nursing(DON)discussed the deficiency on September 25, 2018 with the Licensed Practical Nurse(LPN)#1 who failed to follow Resident#26's Comprehensive Care Plan related to Percutaneous Endoscopic Gastrostomy (PEG) tube medication administration. The LPN#1 flushed Resident #26's PEG tube with 60 cc's of water before and after medications were administered but failed to administer five (5) cc's of water between the 10 different medications she administered through the PEG tube. The DON reviewed the Comprehensive Care Plan and Facility Policy for administering medications through the PEG tube with the LPN#1 and instructed her that 5 cc's of water must be administered between each medication given. The DON observed the LPN#1 administer medications through the PEG	

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F 656	Continued From page 2 resident's needs and medical condition. Review of the facility's policy titled, "Enteral Tubes", dated 2007, revealed: 10. Medication administration and flushing of the tube after each individual medication is given is required if there are known comparability problems between medications to be mixed together. Administering the medications separately aids in avoiding interactions and clumping. B. The enteral tubing is flushed with at least five (5) milliliters (ml's) of water between medication administrations. During a medication pass observation, on 09/25/18 at 8:52 AM, Licensed Practical Nurse (LPN) #1 was observed administering medications via Resident #26's Percutaneous Endoscopic Gastrostomy (PEG) tube. LPN #1 administered ten (10) different medications to Resident #26, and failed to administer five (5) cubic centimeters (ccs) of water between each medication she administered. LPN #1 flushed Resident #26's PEG tube with 60 cc's of water before and after medications were administered. Review of Resident #26's Care Plan revealed the Focus, initiated on 03/03/18, and revised on 03/08/18, requires tube feedings related to resists eating and weight loss. The Interventions included flush tube with 60 cc's of water before and after medication, if medication is given per peg tube, administer 5 ccs of water between each med given On 09/25/18 at 4:53 PM, an interview with the Minimum Data Set Coordinator Nurse (MDS Nurse) revealed she stated the Care Plan directs staff to flush the PEG tube after each medication. The MDS Coordinator Nurse stated the Care Plan	F 656	for Resident#26 during the next scheduled time to administer medications, which was on September 26, 2018 and the LPN#1 followed the Comprehensive Care Plan and Facility Policy and performed the medication administration correctly. 2. All nine(9)residents who have a PEG tube have the potential to be affected by medication nurses' failure to properly follow the Comprehensive Care Plans and Facility Policy for properly administering medications through their Peg tubes. The DON performed medication audits for two days on September 27 and 28, 2018 to observe medication nurses, including LPN#1, administer medications through the PEG tubes and there were no negative findings as all the nurses properly followed each resident's Comprehensive Care Plan and Facility Policy for administering 5 cc's of water between each medication given. 3. STAFF TRAINING: The DON began in-service training with all medication nurses on September 26, 2018. Additionally, a mandatory Staff In-service was held on October 24, 2018 with the following expectations: a. The Medication Nurses will follow the Comprehensive Care Plan and Facility Policy for properly administering medications for each resident with a PEG tube. b. The Medication Nurses will administer 5 cc's of water between each medication given via the PEG tubes, as	

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F 656	Continued From page 3 is developed to give staff guidance and direction for care. On 09/25/18 at 4:57 PM, an interview with the Director of Nursing (DON) confirmed staff did not follow the care plan as designed. Review of Resident #26's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/30/18, revealed Resident #26's Cognitive Skills for Daily Decision Making was coded a 3, which indicated severe cognitive impairment, never/rarely made decisions. The MDS further revealed Resident #26 was coded for a feeding tube, and mechanical altered diet, and received 51 % (percent) of her nutrition by the feeding tube. The MDS also revealed Resident #26 was admitted by the facility on 09/28/17.	F 656	indicated on the residents' Comprehensive Care Plans. 4. The DON began conducting weekly audits on September 27, 2018 and she or the Registered Nurse(RN)Supervisor are continuing with weekly audits on four(4)nurses each week through October and then monthly thereafter to observe at least four(4) medication nurses administer medications through the PEG tubes to ensure full compliance with administering 5 cc's of water between each medication given via PEG tubes, as indicated on the residents' Comprehensive Care Plans. Additionally, the Pharmacy Consultant and/or Nurse Consultant will conduct a medication pass audit to observe at least two (2) medication nurses administer medications through the PEG tube during monthly consultation visits. Any noted problems will be addressed immediately. Audit findings will be reported by the DON to the Quality Assurance Performance Improvement Committee and by the Administrator to the Bolivar Medical Center Quality Council quarterly and recommendations will be made as needed to ensure full compliance with the requirements.	
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	F 758		10/26/18

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F 758	Continued From page 4 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 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	F 758		

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F 758	Continued From page 5 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 staff interview, record review, and facility policy review, the facility failed to follow pharmacy recommendations related to the use of an antipsychotic medication for anxiety ordered as needed (PRN) for one (1) of five (5) residents reviewed for unnecessary medications, for Resident #16. Findings include: Review of facility's policy titled, "Unnecessary/Antipsychotic Hypnotic Drugs Informed Consent for Psychotropic Medications Procedure", revised 02/2016 and copyright 2018, revealed: 2. The specific medical conditions which antipsychotic may be used included: k. Organic mental syndrome (including dementia with associated psychotic and/or agitated behaviors. 1. Which had quantitatively (number of episodes) and objectively (e.g. biting, kicking, scratching, etc.) documented. 2. Which are not caused by preventable reasons. 3. Which have caused the resident to present a danger to self or to others, 4. Which cause continuous crying, screaming, yelling, or pacing which cause an impairment in functional capacity. 5. Short term (seven (7) days) symptomatic treatment of hiccups, nausea, vomiting, and pruritis. 4. P.R.N. antipsychotic drugs will be used only when the resident has a "specific medical condition" as listed above and one of the following circumstances exits: a. The P.R.N. dose will be used to titrate the resident's total daily dose, to	F 758	1. The Director of Nursing(DON)notified the Attending Physician for Resident #16 on September 25, 2018 and discussed the deficiency,reviewed the new Centers for Medicare and Medicaid(CMS) requirement that as needed(PRN)orders for psychotropic drugs are limited to fourteen(14)days unless an appropriate rational for giving the medication is documented by the physician, and reviewed the Consultant Pharmacist Reviews dated 08/16/18 and 09/4/18 which stated "Resident currently receives Ativan 0.5 mg daily prn agitation. CMS requirements state that PRN psychotropic medications must have a maximum duration of 14 days. Consider adding a stop date or changing to a scheduled frequency if receiving routinely". The Attending Physician responded by discontinuing the Ativan 0.5 mg for Resident #16 on September 25, 2018. The DON also began educating all nursing staff on the new CMS requirements on September 25, 2018. 2. All residents have the potential to be affected by staff failure to follow the CMS requirement that PRN medication orders for psychotropic drugs are limited to 14 days unless an appropriate rational for giving the medication is documented by the Attending Physician. On September 25, 2018, the DON reviewed the	

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F 758	Continued From page 6 achieve symptom relief, to avoid side effects or effect a gradual dose reduction. b. The P.R.N. dose will be used to manage unexpected harmful behaviors that cannot be managed otherwise. (May not be used more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms). Record review of the Pharmacy Reviews, dated 8/16/18 and 9/4/18, revealed the Pharmacist had recommended the following: "Resident currently receives Ativan 0.5 mg daily PRN agitation. CMS (Centers For Medicare and Medicaid Services) requirements state that PRN psychotropic medications must have a maximum duration of 14 days. Consider adding a stop date or changing to a scheduled frequency if receiving routinely". The Physician Response was to disagree, and continue as ordered to both recommendations. No rationale for continuing the medication was documented. Review of Resident #16's Medication Review Report/Physician Orders, dated September 2018, revealed an order for "Ativan 0.5 (five tenths) milligrams (mg), give one (1) tablet by mouth every 24 hours as needed for agitation, give at bedtime" with a start date of 7/27/18. During an interview with the Director of Nursing (DON), on 9/25/18, at 5:00 PM, she stated, "We usually document why it is continued. We always bring to his attention any PRN meds. We review the patient's behaviors with him, and he will decide if it needs to be continued. The pharmacy consultant brings that to our attention. I was not aware of the 14 day regulation. She rarely ever takes it".	F 758	Consultant Pharmacist's recommendations on the Consultant Pharmacist Review Report for the month of September 2018 to ensure that there were no other prn psychotropic medications or other medication recommendations that were not appropriately addressed and all other Consultant Pharmacy Recommendations had been appropriately addressed. 3. STAFF TRAINING: The DON educated the Medical Director, who is also the Attending Physician for all of the residents, on the new CMS requirements on September 25, 2018 and also began in-servicing all of the staff nurses on this same date. An in-service for the nurses was held on October 24, 2018 to review the new CMS requirements. Nurses will be expected to have a full understanding of the new requirements and nursing process as follows: a. PRN medication orders for psychotropic drugs will be limited to 14 days unless the Attending Physician documents an appropriate rational for continuing the medication. b. Nurses will question the DON or Registered Nurse(RN)Supervisor for any PRN psychotropic medication that is ordered beyond the 14 day requirement if there is no physician documentation as to the reason why the medication will be continued. The DON or RN Supervisor will then notify the Attending Physician for further orders in order to meet the CMS requirements.	

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F 758	Continued From page 7 Review of Resident #16's Medication Administration Records (MAR) revealed the following: July 2018 MAR documented the Ativan was administered on 07/26/18. The August 2018 MAR documented the Ativan was administered on 08/10/18, and 08/13/18. The September MAR documented the Ativan was not administered September 1st thru the 26th. Review of the Physician Progress Notes revealed the physician did not address the PRN Ativan in his Progress Notes, or document their rationale in the resident's medical record, or indicate the duration for the PRN order. Review of Resident #16's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/01/18, revealed a Basic Interview For Mental Status (BIMS) score of 14, which indicated cognitive status was intact. Further review of the MDS revealed Resident #16 was coded for the administration of an antianxiety medication one time during the seven day observation period. The MDS revealed Resident #16 was admitted by the facility, on 07/19/18, with the included Active Diagnoses Dementia and Depression.	F 758	c. The Consultant Pharmacist will also alert the DON and/or the RN Supervisor on a one to one basis as well as in the monthly Consultant Pharmacist Review Report when there is a recommendation related to a prn psychotropic medication still ordered for more than 14 days without appropriate, documented rational by the Attending Physician. d. The DON or RN Supervisor will notify the Attending Physician for any prn psychotropic medication that is still ordered for more than 14 days without appropriate written rational for continuing, in order to receive further physician orders to meet the CMS requirements. 4. The Director of Nursing did a Consultant Pharmacist Review Audit on September 26, 2018 in which she reviewed the Consultant Pharmacist Reviews dated 08/16/18 and 09/04/18 and will continue monthly audits for at least one year to ensure compliance with the CMS requirement that prn psychotropic medications must not exceed 14 days unless there is physician documentation as to the rational to continue the medication. Any noted problems will be addressed immediately. Audits findings will be reported by the DON to the Quality Assurance Performance Improvement Committee and by the Administrator to the Bolivar Medical Center Quality Council quarterly and recommendations will be made as needed to ensure full compliance with the requirements.	
F 759	Free of Medication Error Rts 5 Prcnt or More	F 759		10/26/18

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F 759 SS=D	Continued From page 8 CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a medication error rate less than 5% as evidenced by incorrectly administering medications per Resident #26's Percutaneous Endoscopic Gastrostomy (PEG) Tube for 10 of 32 medication administration opportunities observed during the med pass. The medication error rate was 31.25%. Findings include: Review of the facility's policy titled, "Enteral Tubes", dated 2007, revealed: 10. Medication administration and flushing of the tube after each individual medication is given is required if there are known comparability problems between medications to be mixed together. Administering the medications separately aids in avoiding interactions and clumping. B. The enteral tubing is flushed with at least five (5) milliliters (ml's) of water between medication administrations. During a medication pass observation, on 09/25/18 at 8:52 AM, Licensed Practical Nurse (LPN) #1 was observed administering medications via Resident #26's Percutaneous Endoscopic Gastrostomy (PEG) tube. LPN #1 administered the following crushed and liquid	F 759	1. The Director of Nursing(DON)discussed the deficiency on September 25, 2018 with the Licensed Practical Nurse(LPN)#1 who failed to follow Resident#26's Comprehensive Care Plan related to Percutaneous Endoscopic Gastrostomy (PEG) tube medication administration. The LPN#1 flushed Resident #26's PEG tube with 60 cc's of water before and after medications were administered but failed to administer five (5) cc's of water between the 10 different medications she administered through the PEG tube. The DON reviewed the Comprehensive Care Plan and Facility Policy for administering medications through the PEG tube with the LPN#1 and instructed her that 5 cc's of water must be administered between each medication given. The DON observed the LPN#1 administer medications through the PEG for Resident#26 during the next scheduled time to administer medications, which was on September 26, 2018 and the LPN#1 followed the Comprehensive Care Plan and Facility Policy and performed the medication administration correctly. 2. All nine(9)residents who have a PEG	

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F 759	Continued From page 9 medications in separate containers, crushed medications were mixed with five (5) cubic centimeters (cc's) of water : Amiodarone 200 milligrams (mg) one (1) tablet, Eliquis 2.5 mg one (1) tablet, Ferrous Sulfate 325 mg per five (5)cc, Lasix 40 mg one (1) tablet, MVI with Minerals five (5) ccs, Zantac 15 mg/10 cc administered 10 ccs, Spironolactone 25 mg one (1) tab, Synthroid 50 mcg one (1) tablet, Vitamin C 500 mg one (1) tablet, Lortab 10/325 one (1) tab. LPN #1 administered ten (10) different medications to Resident #26 via her PEG tube, and failed to administer five (5) cubic centimeters (ccs) of water between each medication administered. LPN #1 flushed Resident #26's PEG tube with 60 ccs of water before and after the medications were administered. On 09/25/18 at 2:52 PM, an interview with LPN #1 revealed she stated she did not know she was supposed to flush between each medication. LPN #1 stated she thought she was only required to mix with five (5)ccs water and administer medications. On 09/25/18 at 4:29 PM, an interview with the Director of Nursing (DON) revealed she stated the facility had been doing skill check offs, and medication administration via peg tubes with all the staff throughout the year. The DON stated the nurse who performed the medication error had been assisting with the check offs. The DON stated the Pharmacist also checks the nurses off on administration of medication via peg tubes throughout the year. The DON stated the nurse should have administered five (5) ccs of water between each med as this is the standard of practice. The DON stated the facility had this same tag last year, and had been working hard to	F 759	tube have the potential to be affected by medication nurses' failure to properly follow the Comprehensive Care Plans and Facility Policy for properly administering medications through their Peg tubes. The DON performed medication audits for two days on September 27 and 28, 2018 to observe medication nurses, including LPN#1, administer medications through the PEG tubes and there were no negative findings as all the nurses properly followed each resident's Comprehensive Care Plan and Facility Policy for administering 5 cc's of water between each medication given. 3. STAFF TRAINING: The DON began in-service training with all medication nurses on September 26, 2018. Additionally, a mandatory Staff In-service was held on October 24, 2018 with the following expectations: a. The Medication Nurses will follow the Comprehensive Care Plan and Facility Policy for properly administering medications for each resident with a PEG tube. b. The Medication Nurses will administer 5 cc's of water between each medication given via the PEG tubes, as indicated on the residents' Comprehensive Care Plans. 4. The DON began conducting weekly audits on September 27, 2018 and she or the Registered Nurse(RN)Supervisor are continuing with weekly audits on four(4)nurses each week through October and then monthly thereafter to observe at	

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F 759	Continued From page 10 correct it. The DON stated, "I just don't understand." A review of the facility's 2017 Annual Survey revealed the facility had received a citation related to medication error rate greater than five (5) percent for not flushing between medication administrations via a PEG tube. Review of Resident #26's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/30/18, revealed Resident #26's Cognitive Skills for Daily Decision Making was coded a 3, which indicated severe cognitive impairment, never/rarely made decisions. The MDS further revealed Resident #26 was coded for a feeding tube, and mechanical altered diet, and received 51 % (percent) of her nutrition by the feeding tube. The MDS also revealed Resident #26 was admitted by the facility on 09/28/17.	F 759	least four(4) medication nurses administer medications through the PEG tubes to ensure full compliance with administering 5 cc's of water between each medication given via PEG tubes, as indicated on the residents' Comprehensive Care Plans. Additionally, the Pharmacy Consultant and/or Nurse Consultant will conduct a medication pass audit to observe at least two (2) medication nurses administer medications through the PEG tube during monthly consultation visits. Any noted problems will be addressed immediately. Audit findings will be reported by the DON to the Quality Assurance Performance Improvement Committee and by the Administrator to the Bolivar Medical Center Quality Council quarterly and recommendations will be made as needed to ensure full compliance with the requirements.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A188	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/28/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 10/25/2018

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 9/28/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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

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