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 _____	C 10/04/2018

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

(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 CI MS #15446 The State Agency (SA) conducted a self-reported Complaint Investigation (CI) MS #15446 on 10/3/18 to 10/4/18, and was substantiated for ants in the facility, with deficiencies cited at F925. Census 57/Licensed Beds 60.	F 000		
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, revealed ants were present in the facility and had bitten one (1) of four (4) residents reviewed, Resident #1, with minor treatment administered. There were four (4) live ant beds and seven (7) dead ant beds on facility grounds for one (1) of two (2) days of survey. Findings include: A review of the facility's "Pest Control Policy", undated, noted, "It is the policy of this facility to have a current pest control contract to reduce, eliminate, and control any pests that have been observed or having seen evidence of any infestation that will promote a safe infection free environment." In an observation of the outside grounds beginning 10/3/18 at 9:10 AM to 10/3/18 to 9:45 AM, revealed a total of four (4) live ant beds and	F 925	****The red raised areas on Resident #1 were identified by the Director of Nursing on 9/13/18. The facility Nurse Practitioner wrote an order on 9/14/18 for treatment with antiobiotic ointment once daily for three days. This treatment was done by a Licensed Nurse and Registered Nurse. The Director of Nursing did a body audit on Resident #1 on 9/21/18 and there were no raised areas identified. *Room rounds were conducted on all three shifts by Certified Nursing Assistants, Licensed Practical Nurses, or Registered Nurses from 9/13/18 until 9/30/18 monitoring for pest activity *The four live ant beds identified on 10/3/18 at 9:45 am were treated with ant granules by the Floor Technician immediately upon identification.	11/4/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/01/2018

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 925	Continued From page 1 seven (7) dead mounds. There were no ants observed in the facility. An interview with the Maintenance Director on 10/3/18 at 9:22 AM, when asked if the current fire ant killer is effective, responded, "We will have to change brands", not effective. An interview with Registered Nurse (RN) #1 on 10/3/18 at 9:35 AM revealed, "I see ants when I take the smokers outside, I see them there." RN #1 confirmed there is a new ant bed beside the smoking patio. In an interview on 10/3/18 at 9:05 AM, the facility Administrator stated, "Our plan of correction was to treat the ants weekly but our Pest Control people did not show up this week, so I am looking for a new Pest Control Company." Resident #1 An interview on 10/4/18 at 3:00 PM, with the Director of Nursing (DON), revealed Resident #1 had a total of approximately fifteen (15) observed ant bites to lower legs and arms on 9/13/18, and was treated with an antibiotic ointment with no concerns. A 100% audit of all other residents revealed no concerns or any noted ant bites. A body audit by RN #1, on 10/3/18 at 1:55 PM, revealed no observed red raised areas on the Resident #1. In a review of the Nurses Notes dated 9/13/18 at 6:25 PM, revealed the DON documented Resident #1 was noted to have small amount of small, round, red spots on lower legs, most are red and flat, but noted three (3) to four (4) that are fluid filled.	F 925	***All residents have the potential to be affected by the alleged deficient practice. ***A body audit of 100% of the residents was completed by a Registered Nurse and two Licensed Practical Nurses on 9/13/18. Room rounds were conducted on all three shifts by Certified Nursing Assistants, Licensed Practical Nurses, or Registered Nurses from 9/13/18 until 9/30/18 monitoring for pest activity. *A Pest Monitoring Log was initiated on 9/14/18 and staff members from all departments were inserviced by RN Supervisor, Administrator, and Director of Nursing on the use of and location of the Pest Monitoring Log. This log was discussed at and approved by the Quality Assurance Committee on 9/20/18 and will be monitored daily by the Maintenance Director, Floor Technician, or Housekeeping Supervisor with pest extermination as needed. *The live ant beds observed on facility grounds by the representative from the State Agency were checked again the afternoon of 10/4/18 by the Floor Technician and found to be dead. *The granules used by the Maintenance and/or Floor Man use to treat ant mounds identified during their Outdoor Ant Rounds were changed on 10/22/18. *The pest control company was changed on 10/3/18.	

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F 925	Continued From page 2 Review of the Physician's Orders dated 9/14/18, revealed an order by the Nurse Practitioner (NP) for an antibiotic ointment for the raised red spots on body for three (3) days. The facility admitted Resident #1 on 3/23/16, with the diagnoses of Alzheimer's Disease, Dementia, Hyperlipidemia, Hypertension (High Blood Pressure) and Hypothyroidism. The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 6/19/18, revealed Resident #1's Brief Interview for Mental Status (BIMS) score was 4, that indicated Resident #1 was severely cognitively impaired.	F 925	***This Plan of Correction was integrated into the Quality Assurance System via a Quality Assurance Meeting held on 9/20/18. The Quality Assurance Committee will review the Pest Monitoring Log monthly to ensure that appropriate action is taken and changes are made as needed.	