STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255206	A. BUILDING _____ B. WING _____	08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	310 EMERALD DRIVE COLUMBUS, MS 39702

(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 The State Agency (SA) conducted an annual recertification survey along with complaints, CI MS #15973 and CI MS # 16072 from 8/26/19 to 8/29/19. The SA did not substantiate CI MS #15973 regarding quality of care or CI MS #16072 regarding physical environment. No deficiencies were cited related to the complaints. During the survey, the SA determined the facility was not in compliance with the requirements of participation for Medicare and Medicaid. The SA cited F695 during the survey. The census at the time of the survey was 95, with a licensed bed capacity of 120.	F 000		
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, resident interview, and facility policy review, the facility failed to ensure Resident #82 rinsed his mouth out after the administration of a Metered-Dose Inhaler to prevent possible mouth and throat irritation. This was identified for one of two (1 of 2) residents observed for metered dose inhaler administration.	F 695	Preparation and/or execution of this plan do not constitute admission or agreement by the provider the deficiency exist. This response is also not to be considered as an admission of fault by the facility, its employee, agents or the other individuals who may be discussed in this response and plan of correction. This plan of corrections is submitted as the facility s	10/8/19

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Electronically Signed | 09/17/2019

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F 695	Continued From page 1 Findings include: Review of the facility's policy titled, "Medication Administration Guidelines, Oral Inhalation Administration", Revised 7/2019, revealed Purpose: TO allow for correct administration of oral inhalers to residents, and for instruction in proper technique for those residents able to administer the medication to themselves. Procedure: O. Have resident rinse his/her mouth and spit out the water. Review of Nursing Skills and Procedures, Perry and Potter, Eighth Edition, revealed page 274 #16 revealed: About 2 minutes after the last dose, instruct patient to rinse mouth with warm water and expel water. Inhaled bronchodilators may cause dry mouth and taste alterations. Corticosteroids may alter flora of oral mucosa and lead to development of fungal infection. Review of the WebMD website, on 9/11/19 at 4:05 PM, titled, "Combivent Mist Inhaler", revealed: Rinse your mouth after using the inhaler to prevent dry mouth and throat irritation. On 8/27/19 at 10:54 AM, an observation during the medication administration pass revealed Licensed Practical Nurse (LPN) #1 administered Combivent Respimat inhaler two (2) puffs to Resident #82, and failed to ask Resident #82 to rinse his mouth after administration of the inhaler. A review of Resident #82's Physician Orders, dated August 27, 2019, revealed Resident #82 had orders for Combivent Respimat Aerosol Solution 20-100 micrograms (mcg) two (2) puffs inhale orally three times a day related to Chronic Obstructive Pulmonary Disease (COPD). Have	F 695	credible allegation of compliance. 1.Immediate action taken for the resident found to have been affected includes: -On 8/27/2019, Licensed Practical Nurse #1 (LPN #1)was in-serviced by the Director of Nursing on the Oral Inhalation Administration facility policy to include having the resident rinse his/her mouth and spit out the rinse water after use. -On 8/28/2019, an oral assessment was completed and documented on Resident #82 by Registered Nurse/Administrator in Training and no adverse effects from the alleged deficient practice were noted. 2.Identification of other resident having the potential to be affected was accomplished by: -Fourteen (14)of ninety-eight(98)facility residents requiring oral inhalation administration have the potential to be affected by the stated deficient practice. 3.Actions taken/systems put into place to reduce the risk of future occurrence include: -On 8/27/2019, an in-service was initiated by the Director of Nursing and the Administrator in Training for Registered Nurses and Licensed Practical Nurses on the facility policy for Oral Inhalation Administration to include having the resident to rinse his/her mouth and spit out the rinse water after use.	

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F 695	Continued From page 2 resident to rinse mouth after inhalation and spit out rinse water. On 08/27/19 at 11:30 AM, an interview with LPN #1 confirmed she did not ask the resident to rinse his mouth after the administration of his inhaler. She stated she usually asked and the resident says no, and she didn't ask today. LPN #1 stated its important to rinse your mouth after the inhaler because residue will build up and it can lead to thrush and other complications. On 08/27/19 at 4:40 PM, an interview with the Director of Nursing (DON), revealed the facility had an in-service on administration of medications and the nurses were reminded at that time to have residents rinse their mouth after any inhaler treatments. The DON stated this is important to prevent adverse effects of the inhaler. Review of Resident #82's Care Plan, no date, revealed a Focus for COPD and Allergy Rhinitis. The Interventions/Tasks included Combivent Respimat Aerosol Solution 20-100 micrograms (mcg) two (2) puffs inhale orally three times a day. The Care Plan did not address the need to rinse the mouth after the inhaler administration. A review of the Inservice Education, titled, Medication Administration Update, held on 8/9/19, revealed LPN #1 attended this in-service. Review of the Face Sheet revealed the facility admitted Resident #82, on 10/26/15, with the included diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Malignant Neoplasm of Esophagus, Cardiomyopathy, and Anxiety.	F 695	4.How the corrective actions will be monitored to ensure the practice will not recur: -The Director of Nursing or Unit Manager will conduct random quality assurance audits to validate proper and consistent procedure of having the resident rinse mouth and spit out rinse water after receiving an oral inhalation medication as per facility policy. These audits began on 9/16/2019 and will occur at least at least five (5) times a week for one (1) week, then three (3) times a week for two (2) weeks, then one (1) time a week for (2) weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Negative findings will be addressed immediately. -The Director of Nursing and Administrator will review the data obtained from the quality assurance audits, analyzing for patterns/trends and reporting monthly in Quality Assurance/Performance Improvement meetings. The Quality Assurance/Performance Improvement Committee will make recommendations as needed.	

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F 695	Continued From page 3 Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/13/19, revealed Resident #82's Basis Interview for Mental Status (BIMS) score was 13, which indicated his cognition was intact.	F 695		

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	255206	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/29/2019**

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AURORA HEALTH AND REHABILITATION	**310 EMERALD DRIVE** **COLUMBUS, MS 39702**

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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		

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E 000	Initial Comments ********** Survey conducted on 08/29/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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