STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255192	A. BUILDING _____ B. WING _____	C 12/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY SENIOR CARE	2124 OLD HWY 61 SOUTH PORT GIBSON, MS 39150

(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 #16043 The State Agency (SA) conducted a complaint survey, CI MS #16043, on 12/16/19 through 12/17/19. Concerns identified in the complaint were related to verbal abuse, drug diversion, and physician services. During the survey, the SA determined the three (3) areas of concern were unsubstantiated for verbal abuse towards a resident, the physician not making rounds, and for a nurse taking narcotics from the facility. However, a deficiency was cited at F755, related to the facility's failure to account for reconcilement sheets for discontinued medications. The SA determined the facility was not in compliance with requirements of participation in Medicare and Medicaid. The facility had a census of 75, at the time of the complaint survey. The facility held a license for 75 beds.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services 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. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and	F 755		1/16/20

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

Electronically Signed | 01/15/2020

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 biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to account for medication reconcilement sheets for eight (8) of 51 discontinued medications, which presented the potential for medication misuse. Findings include: Review of the facility's, "Storage of Discontinued Controlled Drug" policy, dated 10/16, revealed: "When a controlled drug is discontinued it is to be given to the DON, along with the controlled drug sign out sheet. The controlled drug is to be logged onto the Controlled Drug Locked Box Inventory Log for the DON office." An observation on 12/16/19 at 3:30 PM, in the Director of Nurses' (DON) Office, with the DON and Administrator present, revealed 8	F 755	1. All medications were destroyed by the Director of Nursing (DON) and Pharmacist on 12/20/2019 and witnessed by the Administrator. 2. There were no adverse affects to any residents. 3. The DON and Charge Nurse will count and sign the medication log when placed in lock box with the controlled drug sign-out sheet. The DON and Administrator will lock and unlock the lock box. The DON and Charge Nurse will do a weekly reconciliation of drugs for four (4) weeks then monthly thereafter, beginning 12/17/2019. The Pharmacist will notify the facility of visits prior to arrival so that the Administrator and DON will be present to	

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F 755	Continued From page 2 medications in a double locked metal storage cabinet, without medication administration sheets attached. The medications included two (2) punch cards of single dose packets of pain medication (Ultram), with a pharmacy filled date of 12/13/18; two (2) bottles of liquid cough medicine (Promethazine), one (1) of the bottles with a pharmacy filled date of 4/26/17; 2 punch cards of single dose antidiarrheal medication (Lomotil), with a pharmacy filled date of 4/9/19; and 2 packages of individual tubes of a combination topical pain cream (ABHR), with a pharmacy filled date of 4/1/19 and 7/3/19. During an interview, on 12/16/19 at 4:35 PM, the DON revealed she did not know why those medications did not have the sign out sheets attached. The DON further stated they would not be accepted from the medication carts without the sheets. The DON could not explain why the form was not there with the medications. An interview with the Pharmacy Consultant, on 12/17/19 at 9:35 AM, revealed she addressed controlled drug storage each visit. "Their policy doesn't say how often the drugs should be removed and destroyed." The Pharmacy Consultant further stated, either the DON or the Administrator were not there together on the days of the Pharmacist visit, which prevented access to the storage box.	F 755	unlock the narcotics lock-up box beginning December 20, 2019. Corporate Nurse in-serviced facility Administrator, DON, and charge nurse on proper medication storage procedures on 1/16/20. 4. All reviews will be forwarded to the Quality Assurance Committee monthly for review and make recommendations as needed.	

MSDH - Health Facilities Licensure and Certification

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M 000	Initial Comments CI MS #16043 The State Agency (SA) conducted a complaint survey, CI MS #16043, on 12/16/19 through 12/17/19. Concerns identified in the complaint were related to verbal abuse, misappropriation of medications and physician services. During the survey, the SA determined the three (3) areas of concern were unsubstantiated for verbal abuse towards a resident, the physician not making rounds, and for a nurse taking narcotics from the facility. However, a state statute was cited at M720, related to the facility's failure to account for reconcilement sheets for discontinued medications. The SA determined the facility was not in compliance with the Minimum Standards for the Aged and Infirm. The facility had a census of 75, at the time of the complaint survey. The facility held a license for 75 beds.	M 000		
M 720	45.24.5 Disposal of drugs Disposal of drugs. 1. Unused portions of medicine may be given to a discharged resident or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant. 2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the facility on discharge or death of the resident will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements. This Statute is not met as evidenced by:	M 720		1/16/20

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M 720	Continued From page 1 Level II CI MS #16043 Based on observation, staff interview, and facility policy review, the facility failed to account for medication reconcilement sheets for eight (8) of 51 discontinued medications, which presented the potential for medication misuse. Findings include: Review of the facility's, "Storage of Discontinued Controlled Drug" policy, dated 10/16, revealed: "When a controlled drug is discontinued it is to be given to the DON, along with the controlled drug sign out sheet. The controlled drug is to be logged onto the Controlled Drug Locked Box Inventory Log for the DON office." An observation on 12/16/19 at 3:30 PM, in the Director of Nurses' (DON) Office, with the DON and Administrator present, revealed 8 medications in a double locked metal storage cabinet, without medication administration sheets attached. The medications included two (2) punch cards of single dose packets of pain medication (Ultram), with a pharmacy filled date of 12/13/18; two (2) bottles of liquid cough medicine (Promethazine), one (1) of the bottles with a pharmacy filled date of 4/26/17; 2 punch cards of single dose antidiarrheal medication (Lomotil), with a pharmacy filled date of 4/9/19; and 2 packages of individual tubes of a combination topical pain cream (ABHR), with a pharmacy filled date of 4/1/19 and 7/3/19. During an interview, on 12/16/19 at 4:35 PM, the DON revealed she did not know why those medications did not have the sign out sheets	M 720	1. All medications were destroyed by the Director of Nursing (DON) and Pharmacist on 12/20/2019 and witnessed by the Administrator. 2. There were no adverse affects to any residents. 3. The DON and Charge Nurse will count and sign the medication log when placed in lock box with the controlled drug sign-out sheet. The DON and Administrator will lock and unlock the lock box. The DON and Charge Nurse will do a weekly reconciliation of drugs for four (4) weeks then monthly thereafter, beginning 12/17/2019. The Pharmacist will notify the facility of visits prior to arrival so that the Administrator and DON will be present to unlock the narcotics lock-up box beginning December 20, 2019. Corporate Nurse in-serviced facility Administrator, DON, and charge nurse on proper medication storage procedures on 1/16/20. 4. All reviews will be forwarded to the Quality Assurance Committee monthly for review and make recommendations as needed.	

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M 720	Continued From page 2 attached. The DON further stated they would not be accepted from the medication carts without the sheets. The DON could not explain why the form was not there with the medications. An interview with the Pharmacy Consultant, on 12/17/19 at 9:35 AM, revealed she addressed controlled drug storage each visit. "Their policy doesn't say how often the drugs should be removed and destroyed." The Pharmacy Consultant further stated, either the DON or the Administrator were not there together on the days of the Pharmacist visit, which prevented access to the storage box.	M 720		