STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A380	A. BUILDING _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC NURSING HOME	176 SOUTH MAIN 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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey at the facility, from 9/3/19 to 9/5/19, along with an abbreviated/partial extended survey for the complaint CI MS #16170. CI MS #16170 was related to possible inappropriate discharge for a resident who exhibited threatening behavior towards other residents, and then later committed self injurious behavior. Based on record reviews of the Care Plan, Incident Report, Medical Records, Medication Administration Record, Social Service Notes, Progress Notes, Physician Orders, and Nurses Notes; in addition to interviews of staff regarding the incident related to the complaint, the complaint was unsubstantiated and no deficiencies were cited. During the survey, the SA determined the facility was not in compliance with the requirements of participation for Medicare and Medicaid and cited F623 and F758. The census at the time of the survey was 43, and facility was licensed for 44 beds.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or	F 623		11/14/19

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

Electronically Signed | 10/16/2019

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F 623	Continued From page 1 discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email),	F 623		

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F 623	Continued From page 2 and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of	F 623		

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F 623	Continued From page 3 the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview, facility policy review and record review, the facility failed to notify the resident/Resident Representative (RR) when a resident was transferred to the hospital, for two (2) of two (2) residents reviewed for hospital transfers. Residents #10 and #37 Findings include: Record review of the facility's policy titled, "Transfer of Residents to Acute Care", dated November 2008, and reviewed on 10/17, revealed the family of the resident should be notified of the order to direct admit to (Name of Acute Care Hospital). The RN (Registered Nurse) should provide copies of the following to be presented to (Name of Acute Care Hospital): face sheet, current physician's orders, pertinent lab results, and hand-off communication form. The RN should call report to the assigned nurse at (Name of Acute Care Hospital). Review of the policy revealed there was no procedure/steps to notify the resident or the RR. On 9/5/19 at 1:30 PM, an interview with the Administrator (ADM), Director of Nursing (DON) and the Licensed Social Worker (LSW), revealed they were not aware of the regulation that required the facility to notify the resident and Resident Representative (RR) of any transfer to the hospital. The DON confirmed the facility was not sending a written notice of transfer to the responsible party or to the Ombudsman when a	F 623	F623 " Corrective action accomplished for residents affected: Corrective actions have been accomplished for the residents found to have been affected. The Social Worker provided a Notification letter of Transfer/Discharge to Resident #10 and Resident #37 in addition to their responsible parties. The letter contained the required information including the date and time of transfer/discharge, location of transfer, and reason for transfer. " Others who may be affected: Residents who are transferred or discharged to another facility as having the potential to be affected by this deficient practice. " Measures put into place/systemic changes to prevent recurrence: The facility has scheduled a directed in-service training on 11/13/2019 for the Social Worker and licensed staff members addressing the Notice Requirements before and after transfer or discharge. Upon a resident transfer or discharge the nursing staff will notify the Social Worker. The Social Worker will send a written transfer/discharge notification letter which	

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F 623	Continued From page 4 resident is transferred to the hospital. The ADM confirmed the facility does notify the family about the bed hold policy when the resident is transferred, and they call the RR when the resident is transferred to the hospital. Record review of Resident #10's Doctor's Orders revealed, on 7/31/19, an order was written to direct admit the resident to (Name of Acute Care Hospital) related to nausea and vomiting, abnormal Computerized Tomography (CAT) scan. Resident #37 Record review of the Physician's Order, dated 8/7/19, revealed Resident #37 was transferred to the local Emergency Room (ER) for evaluation. Record review revealed the facility did not notify the resident/Resident Representative in writing of the hospital transfer on 8/7/19. On 9/5/19 at 9:19 AM, an interview with the Director of Nursing (DON), the Administrator (ADM), and the Licensed Social Worker (LSW) revealed they were not aware of the requirement for notification of a resident or the resident representative in writing upon transfer and that it was not done.	F 623	will include the following: *Resident name *Effective date of transfer or discharge *Location of transfer/discharge *Reason for transfer/discharge *A statement of resident's appeal rights *Office of the State Long Term Care Ombudsman contact information *MSDH contact information *Facility administration contact information *Bed Hold Policy The notification of transfer or discharge letter will be sent to the resident's responsible party in a reasonable time frame. The written notifications will be sent to the responsible parties via their preferred method such as email or postal mail. " Performance Improvement monitoring to sustain achieved solutions: This plan will be monitored monthly by auditing compliance for each resident transferred or discharged from the facility. Results of monitoring will be reviewed by the Quality Assurance Performance Improvement (QAPI) committee. The following will be reported: 1. Number of residents transferred or discharged during the month. 2. Number of residents/responsible parties sent written notification of transfer or discharge within 30 days. 3. Monthly state ombudsman facility transfer/discharge reporting compliance. 4. The QAPI Committee will make recommendations and/or changes as needed.	

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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 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	F 758		11/14/19

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F 758	Continued From page 6 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 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 record review, staff interview and facility policy review, the facility failed to ensure the administration of as needed (PRN) Psychotropic medications were limited to 14 days for two (2) of five (5) residents reviewed for unnecessary medications. Residents #15 and #21. Findings include: Review of the facility's policy titled, "Medication Administration: Psychotropic Use of", revised July 2008, revealed, "Rationale: To provide guidelines for the proper use of Psychotropic/psychoactive medications. Policy: It is the policy of Pontotoc Nursing Facility that psychotropic medications should be used properly." "Procedure: An interdisciplinary team approach should be utilized to develop an individualized care plan for each resident, in keeping with the facility practice of "restraint conservative" approach to both physical and chemical restraints. Psychotropic medication should require physician approval and orders. Specific monitoring practices should be followed for the use of Psychotropic medications as indicated for individual resident. Monitoring should be coordinated by Nursing staff and	F 758	F758 "Corrective action accomplished residents affected: Accomplished on 10/15/2019: Corrective action was achieved by revising Pontotoc Nursing Facility's policy titled: Medication Administration: Psychotropic Medication The following revisions were made by the Director of Nursing and were approved by the Medical Staff: 1. As needed (PRN) psychotropic drug orders will be initially ordered for 14 days. The physician may extend the PRN order beyond the 14 days upon documenting their rationale in the resident's medical record. 2. As needed (PRN) orders for anti-psychotic drugs are limited to 14 days and should not be renewed unless the physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Accomplished on 9/5/19: Resident #15's physician was notified of the current PRN Ativan order being active for greater than 14 days by the Registered Charge Nurse.	

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F 758	Continued From page 7 pharmacy". The policy did not address procedures/steps for the use of PRN Psychotropic medications. Resident #15 Record review of the Physician's Order, dated 6/18/19, revealed, "Ativan 0.5 milligram (mg) 1 tablet by mouth (PO) every (q) 6 hours PRN anxiety". Record review of the Patient Chart Report, from 8/15/19 through 9/5/19, revealed Resident #15 received Ativan 0.5 mg on 8/28/19, 9/2/19, 9/3/19, and 9/4/19. At 09/05/19, at 10:50 AM, in an interview with the Director of Nursing (DON), she confirmed the Physician's Order, dated 6/18/19, was for Ativan 0.5 milligrams (mg) PO q 6 hours PRN anxiety. She stated she was aware of the regulation limiting PRN psychotropic medications to 14 days unless a longer timeframe is deemed appropriate by the physician. The DON stated Resident #15 was on hospice and the hospice doctor had ordered this. The DON stated she was not aware that it applied to hospice residents in Long Term Care. Record review of the Face Sheet revealed Resident #15 was admitted by the facility, on 3/10/17, with the included diagnoses of Parkinson's Disease and Psychotic Disorder with Delusions. Review of the Significant Change in Status Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 6/28/19, revealed in Section C, a Brief Interview for Mental	F 758	Resident #15's physician ordered the Ativan to be administered scheduled twice a day due to the resident exhibiting anxiety and shortness of breath during the dying process. Accomplished on 9/5/19: Resident #21's physician was notified of the current PRN Ativan order being active for greater than 14 days by the Registered Charge Nurse. The physician ordered the Ativan to be scheduled twice a day after evaluating the medication's effectiveness during the initial phase of treatment. " Others who may be affected: The facility identifies other residents who may suffer from anxiety disorders, physical disorders which cause anxiety, or shortness of breath as having the potential to be affected. " Measures put into place/systemic changes to prevent recurrence: 1. The nurse will clarify all antipsychotic PRN orders at the time the order is received to ensure an initial stop date of no greater than 14 days is ordered. 2. On 11/11/2019 a Registered Pharmacist(RPh) will educate staff members via directed in-service on the following: Antipsychotic medications may be prescribed initially for up to 14 days. The physician should evaluate the resident to determine the medication's effectiveness prior to continuation.	

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F 758	Continued From page 8 Status was conducted and the resident received a score of 07, indicating severely impaired cognitive skills for daily decision making. Resident #21 Review of the Doctor's Orders, dated 8/12/19, revealed Xanax 0.25 mg po three times a day (TID) PRN for anxiety/agitation. Record review of the Doctor's Orders, dated 8/14/19, revealed an order to discontinue (D/C) the Xanax, and start Ativan 1 mg po two times a day (BID) PRN agitation. On 09/05/19 at 11:58 AM, in an interview with the DON, she confirmed the PRN Ativan order dated 8/14/19 was not written for 14 days initially. The DON stated Resident #21 cries a lot and is followed by the Psychiatrist for the crying spells and he had made several medication changes with her to see what combination would work for her. Record review of the Patient Chart Report for dates 8/15/19 through 9/5/19 revealed Resident #21 was given Ativan 1mg 27 times for agitation, which included five (5) doses past the 14 day timeframe. Review of the Face Sheet for Resident #21 revealed she was admitted by the facility, on 7/5/19, with the included diagnosis of Alzheimer's Disease. Review of the Admission Minimum Data Set Assessment, with an Assessment Reference Date of 7/12/19, revealed in Section C, a Brief Interview for Mental Status (BIMS) of 03,	F 758	3. The Director of Nursing will complete a chart audit monthly and will report compliance to the facility's QAPI committee. 4. The Pharmacy Consultant will complete a chart audit monthly and will report compliance to the facility's QAPI committee. The following revisions were made to Pontotoc Nursing Facility□s policy titled: Medication Administration: Psychotropic Medication: 1. PRN psychotropic drug orders will be initially ordered for 14 days. The physician may extend the PRN order beyond the 14 days upon documenting their rationale in the resident's medical record. 2. PRN orders for anti-psychotic drugs are limited to 14 days and should not be renewed unless the physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. " Performance Improvement monitoring to sustain achieved solutions: 1. The Director of Nursing will complete a chart audit monthly starting November 2019 and will report compliance to the facility's Quality Assurance Performance Improvement(QAPI)committee. 2. The Pharmacy Consultant will complete a chart audit monthly and will report compliance to the facility's Quality Assurance Performance Improvement(QAPI)committee.	

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F 758	Continued From page 9 indicating severely impaired cognitive skills for daily decision making.	F 758	3. The Quality Assurance Performance Improvement(QAPI)committee will make recommendations and/or changes as needed.	

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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 | 10/16/2019

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E 000	Initial Comments ********** Survey conducted on 09/04/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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