

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 58PC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/05/2019
NAME OF PROVIDER OR SUPPLIER PONTOTOC NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a licensure survey at the facility, from 9/3/19 to 9/5/19, along with a complaint 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. However, during the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm, and cited M705. The census at the time of the survey was 43, and facility was licensed for 44 beds.	M 000		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by:	M 705		11/14/19

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

10/16/19

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M 705	Continued From page 1 Level II Based on record review, staff interview and facility policy review, the facility failed to ensure policies/procedures were developed and implemented for 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 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	M 705	F705 "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. 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	

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M 705	Continued From page 2 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 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.	M 705	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. 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		

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M 705	Continued From page 3 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, indicating severely impaired cognitive skills for daily decision making.	M 705	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. 3. The Quality Assurance Performance Improvement(QAPI)committee will make recommendations and/or changes as needed.		