| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255270 | A. BUILDING _____ B. WING _____ | 05/10/2019 |

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| PONTOTOC HEALTH & REHAB CENTER | 278 WEST EIGHTH STREET PONTOTOC, MS 38863 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual survey at the facility from 05/7/19 to 5/10/19. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid regulations of participation. The SA cited regulatory deficiencies at F761.<br><br>At the time of the survey, the census was 54, and the facility held a license for 60 beds. | F 000 | | |
| F 761 SS=D | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. | F 761 | | 6/5/19 |

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| F 761 | Continued From page 1<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and facility policy review, the facility staff failed to lock the medication cart during medication pass for one (1) of three (3) nurses observed during medication pass.<br><br>Findings include:<br><br>Review of the facility policy titled, "Drug Aquisition, Storage and Inspection", revised 11/28/2017, revealed responsibility for control of medications within this facility shall rest with nursing services. Policies and procedures shall be designed to ensure the safe and accurate dispensing of medications throughout the facility. The procedure for storage revealed lockable medication carts shall be used to store unit-of-use medications in the resident medication dose system. These carts shall be locked when not attended.<br><br>On 05/08/19 at 11:22 AM, an observation during medication pass with Licensed Practical Nurse (LPN) #1 revealed the medication cart sitting in the A-wing hallway unlocked. LPN #1 pushed the medication cart to the end of the hall and set up an Insulin injection. While in the resident's room, the cart remained unlocked in the hallway out of LPN #1's sight. LPN #1 administered medications to two (2) other Residents leaving the medication cart unlocked and unattended. During this time, housekeeping staff, nursing staff, therapy and residents were observed in the hallway.<br><br>On 05/08/19 at 11:33 AM, an interview with LPN #1 revealed she did not think the medication cart | F 761 | 1. On 5/8/2019, the Director of Nursing(DON)inspected A-hall medication cart to ensure it was locked and it was locked. On 05/09/2019, the DON inserviced Licensed Practical Nurse (LPN) #1 (one) on the facility policy Drug Acquisition, Storage and Inspection (Revised 11.28.2017) with emphasis on locking the Medication Cart when unattended.<br><br>2. All residents on A-Hall had the potential to be affected.<br><br>3. On 5/8/2019, the Director of Nursing inspected both medication carts to ensure they were locked when unattended, both medication carts were observed to be locked. On 5/9/2019, DON began an inservice education for all staff nurses, including Registered Nurses (RN) and Licensed Practical Nurses (LPN) on the facility policy Drug Acquisition, Storage and Inspection, regarding the proper storage of medications in the medication carts which includes that the medication cart is to be locked when unattended by the nurse. This inservice was completed for all LPN's and RN's on 05/15/2019. All new hire RN's and LPN's will be inserviced on Drug Acquisition, Storage and Inspection by the Staff Development nurse as part of the orientation process. On 5/10/2019, the RN Charge nurse began daily observation of medication carts to ensure they are locked when unattended. This process is to be | |

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| F 761 | Continued From page 2<br>was supposed to be locked just going from room to room giving medications but it should be locked when it is parked and medications are not being given. LPN #1 confirmed she could see why it should be locked because some one could take some medications from it.<br><br>On 05/08/19 at 3:36 PM, an interview with the Administrator (ADM) confirmed the medication cart should be locked during medication pass if it is in the hallway because anybody could take something off of it. The ADM stated there were no residents on the A-hall that wander without purpose.<br><br>On 05/08/19 at 04:03 PM, an interview with the Director of Nursing (DON) stated the nurses have been in-serviced on the medication cart, and that is not the way we are supposed to do that. The medication cart is supposed to be locked any time the nurse is away from it. The DON stated a confused resident or a visitor or employee or anybody could get into the cart and this could be a major problem. The DON stated the nurse is not supposed to leave the cart unlocked.<br><br>Record review revealed LPN #1 attended an in-service on 10/29/18, in which documentation included in #15, to keep medication cart locked at all times when away from it. Facility Policy and Procedure on Drug Acquisition, Storage and Inspection (Revised 11.28.2017) which was also listed in the in-service included under "Procedure: Storage: Lockable medication carts shall be used to store unit-of-use medications in the resident medication dose system. These carts shall be locked when not attended." | F 761 | conducted daily for two weeks, if no problems or concerns are identified the observations will be conducted weekly by RN Charge nurse for three months. If no problems or concerns are identified then random observations will be conducted monthly by Quality Assurance Nurse. These observations will be documented on the Medication Cart Check Form.<br><br>4. Results of these observations of Medication Cart Checks will be presented at the monthly Quality Assurance Performance Improvement Committee by the Quality Assurance Nurse for review and recommendations. | |

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| K 000 | INITIAL COMMENTS<br><br>42 CFR 483.70(a)<br><br>The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ... | K 000 | | |
| K 222 SS=F | Egress Doors<br>CFR(s): NFPA 101<br><br>Egress Doors<br>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:<br>CLINICAL NEEDS OR SECURITY THREAT LOCKING<br>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.<br>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6<br>SPECIAL NEEDS LOCKING ARRANGEMENTS<br>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location | K 222 | | 5/28/19 |

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| K 222 | Continued From page 1<br>within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.<br>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4<br>DELAYED-EGRESS LOCKING ARRANGEMENTS<br>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.<br>18.2.2.2.4, 19.2.2.2.4<br>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS<br>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.<br>18.2.2.2.4, 19.2.2.2.4<br>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS<br>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.<br>18.2.2.2.4, 19.2.2.2.4<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, the facility failed to properly maintain delay egress locking arrangements on exit doors as directed by NFPA 101 sections 19.2.2.2.5 and 7.2.1.6.2. This deficiency affected all 54 residents in the facility on the day of survey.<br><br>Findings include: | K 222 | 1. On 5/8/2019 the Security Alarm company was called to the facility to check the alarm system. They activated an additional relay in the system to prevent the door controls from clearing until the fire zones are cleared and returned to normal operations. The system now requires "zone clearance and | |

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| K 222 | Continued From page 2<br><br>On May 8, 2019 at 10:25 AM, observation and testing revealed all the locking arrangements on the exit door of the facility re-engaged to the "locked position" before the fire alarm and sprinkler systems were reset to normal mode. | K 222 | panel reset" before doors will relock.<br><br>2. All residents had the potential to be affected by this practice.<br><br>3. On 5/9/2019 Maintenance Director was educated by the Administrator that all exit doors must remain unlocked until all zones are cleared and the alarm is restored to normal operations. The monthly fire drill form has been revised to include documentation of door check each month and will be completed by the Maintenance Director during monthly fire drills.<br><br>4. Any problems or concerns will be brought to the monthly Quality Assurance Committee by the Administrator for review and recommendations. | |

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| E 000 | Initial Comments<br><br>* EMERGENCY PREPAREDNESS *<br><br>Survey conducted on 5/8/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.<br><br>No deficiencies were identified. | E 000 | | |

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