STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255319	A. BUILDING _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE HEALTH CARE, INC	1677 HIGHWAY 9 NORTH 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 recertification survey and complaint investigation, CI MS# 19491, at the facility from 11/1/22 through 11/3/22. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F695 related to lack of signage for oxygen usage. The facility substantiated CI MS# 19491 and cited no deficiencies related to the complaint. The census at the time of the survey was 50 with a bed capacity of 60.	F 000		
F 695 SS=D	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 interviews, and facility policy review, the facility failed to post "Oxygen In Use" signage for residents that utilized oxygen therapy for two (2) of four (4) residents observed. Resident #15 and Resident #25. Resident #15 and Resident #25 Respiratory Care Review of the facility policy titled, "Oxygen	F 695	Statements contained herein are intended for the purpose of compliance with Federal and State laws regarding responses to Statement of Deficiencies. The language herein is not intended to be used as an admission against the facility nor is it intended to be used by any third party. It is solely for the purpose of compliance with participation requirements of Medicare and Medicaid.	12/7/22

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

Electronically Signed | 11/14/2022

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F 695	Continued From page 1 Policy," with no date, revealed there was no documentation regarding "Oxygen (O2) In Use" signage to be posted for residents using oxygen. The facility administrator provided documentation, on the facility's letterhead, dated 11/3/22, that revealed, "to whom it may concern, as (Facility proper name) including its building and grounds is a "smoke free facility" which prohibits the use of any and all smoking items. For this reason, the posting of such signs in and or near oxygen use is a moot point. New residents and their family members are advised of this rule upon admission. Staff are advised as new hires and this rule is closely monitored by administrative staff." An observation on 11/1/22 at 12:52 PM, of the room entrance of the assigned room shared by Resident #15 and Resident #25, revealed there was no "O2 In Use" sign posted on the room entrance to indicate Resident #15, and Resident #25 used O2. An oxygen concentrator, with an oxygen tubing set-up for use, was observed for Resident #15 and Resident #25. An interview on 11/1/22 at 12:52 PM with Resident #15 revealed he used his O2 during the night. An observation and interview on 11/1/22 at 12:52 PM with Resident #25 revealed he was actively using his O2, and he revealed he used his O2 majority of the day, everyday of the week. An observation on 11/1/22 at 3:00 PM of the room entrance of the assigned room shared by Resident #15 and Resident #25 revealed, there was no "O2 In Use" sign posted on the room entrance to indicate O2 was in use in their room.	F 695	Tag 0695-483.25(i) Corrective Action: On 11/14/2022, mandatory in-services were performed with all staff by staff development coordinator regarding placement of "No Smoking: Oxygen in Use" signage at all facility entrance doors and doors to resident's room where oxygen is in use. As any and all residents could be affected, on 11/14/2022, "No Smoking: Oxygen in Use" signs were placed at all entrance doors. "No Smoking: Oxygen in Use signs were placed at the doors of each resident's room where oxygen is in use. On 11/14/2022, the facility's Policies were updated to include, "No Smoking: Oxygen in Use" signage are present at all facility entrances and are to be placed at the door of resident's room where oxygen is in use. On 11/14/2022, mandatory in-services were performed with all staff by staff development coordinator regarding placement of "No Smoking: Oxygen in Use" signage at all facility entrance doors and doors to resident's room where oxygen is in use. In-services will be performed with all staff upon hire and annually regarding "No Smoking: Oxygen in Use" sign placement. On 11/14/2022 the facility began monitoring for compliance of this plan of correction with a performance plan to	

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F 695	Continued From page 2 The observation also revealed Resident #25 was actively using his O2. An observation and interview on 11/2/22 at 2:50 PM with Licensed Practical Nurse (LPN)#1 confirmed, there was not a "O2 In Use" sign posted on the room entrance for Resident #15 and Resident #25. She revealed an "O2 In Use" sign should have been posted on the entrance to alert visitors and staff of there being O2 in use in the room. An observation and interview on 11/2/22 at 2:52 PM with LPN #2 confirmed Resident #15 and Resident #25 did not have an "O2 In Use" sign posted on their room entrance. She revealed she would have to go back to check the policy to see if she should have posted the sign, but an "O2 In Use" sign would be a safety alert for residents using O2 and would let visitors and staff know to take necessary precautions before entering a room where O2 was in use. An observation and interview on 11/2/22 at 2:56 PM with the Director of Nursing (DON)#1, confirmed there was not an "O2 In Use" sign posted on the room entrance for Resident #15 and Resident #25. She revealed she would have to go and check the policy to see if it indicated an "O2 In Use" sign had to be posted for residents using O2 but confirmed the signage would have been a safety alert for residents using O2 and would have alerted visitors and staff to take the necessary precautions to avoid the likelihood of any incident or a negative outcome for a resident using O2. Record review for Resident #15 revealed an admission date of 2/10/22, with diagnoses of	F 695	include audits for signage placement by the Quality Assurance Coordinator, Director of Nursing, and/or licensed nursing staff weekly for 4 weeks ending on 12/05/22. Findings will be reported at the next QAPI meeting on 12/06/22, with a completion date of 12/07/22. Immediate corrective measures shall be taken should errors be noted.	

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F 695	Continued From page 3	F 695		

Unspecified Atrial Fibrillation, and Acute Respiratory Failure With Hypoxia.

Record review for Resident #25 revealed an admission date of 6/9/22, with diagnoses of Chronic Systolic (Congestive) Heart Failure, Chronic Obstructive Pulmonary Disease, Unspecified, and Shortness of Breath.

Record review of the "Physician's Orders" for Resident #15 revealed the order, "O2 continuous at (@) two (2) liters per minute (lpm) / by nasal cannulas (bnc) (may leave off at intervals as tolerated) to wean off) O2," dated 3/15/22.

Record review of the "Physician's Orders" for Resident #25 revealed the order, "O2 continuous @ 2 lpm/bnc (may leave off at intervals as tolerated)," dated 6/9/22.

Record review of Section O of the Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 8/10/22, for Resident #15, revealed Resident #15 was captured for the use of O2 while a resident.

Record review of Section O of the Quarterly MDS Assessment, with an ARD of 9/9/22, for Resident #25, revealed Resident #25 was captured for the use of O2 while a resident.

Record review of Section C of the Quarterly MDS Assessment, with an ARD of 8/10/22, for Resident #15, revealed Resident #15 has a Brief Interview for Mental Status (BIMS) score of 11, indicating Resident #15 is moderately cognitively impaired.

Record review of Section C of the Quarterly MDS

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F 695	Continued From page 4 Assessment, with an ARD of 9/9/22, for Resident #25, revealed Resident #25 has a BIMS score of 06, indicating Resident #25 is severely cognitively impaired.	F 695		