MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	58GR	A. BUILDING: _____ B. WING _____	05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH 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) determined during an annual recertification survey, conducted from 5/7/19 to 5/10/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M705. At the time of the survey, the census was 54, and the facility held a license for 60 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: Level II Based on observation, staff interview, and facility policy review, the facility staff failed to lock the medication cart during medication pass, thus protecting the storage of medication, for one (1) of three (3) nurses observed during medication pass. Findings include: Review of the facility policy titled, "Drug Aquisition, Storage and Inspection", revised	M 705	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. 2. All residents on A-Hall had the potential	6/5/19

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

Electronically Signed | 06/07/19

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M 705	Continued From page 1 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. 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. On 05/08/19 at 11:33 AM, an interview with LPN #1 revealed she did not think the medication cart 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. 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	M 705	to be affected. 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 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. 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	

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M 705	Continued From page 2 purpose. 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, 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. 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."	M 705	and recommendations.	

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	58GR	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**05/08/2019**

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: 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. Findings include: 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.	M1245	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 panel reset" before doors will relock. 2. All residents had the potential to be affected by this practice. 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. 4. Any problems or concerns will be brought to the monthly Quality Assurance	5/28/19

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M1245	Continued From page 1	M1245	Committee by the Administrator for review and recommendations.	