STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255153	A. BUILDING _____ B. WING _____	11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF NEWTON	1009 SOUTH MAIN STREET NEWTON, MS 39345

(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 at the facility from 11/14/22 through 11/16/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F756, F758, and F880. The facility held a license for 60 beds and had a census of 51 at the time of the survey.	F 000		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any,	F 756		12/23/22

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

Electronically Signed | 12/02/2022

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F 756	Continued From page 1 action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review, and staff interviews, the facility failed to act upon a Consultant Pharmacy (CP) recommendation for psychotropic medications for two (2) of five (5) residents reviewed for unnecessary medications. Resident #28 and Resident #35 Findings include: A record review of the facility's policy, "Medication Regimen Reviews (MRR)," with a revised date of 8/2/22, revealed, "...8. Within 24 hours of the MRR, the Consultant Pharmacist provides a written report to the attending physicians for each resident identified as having a non-life-threatening medication irregularity. The report contains: a. the resident's name b. the name of the medication c. the identified irregularity and d. the pharmacist's recommendation... 14. The consultant pharmacist provides the director of nursing services and medical director with a written signed and dated copy of all medication regimen reports... 15. Copies of the medication regimen review reports, including physician responses, are maintained as	F 756	1. A new order for Ativan Tablet 1 MG (milligram) give one MG by mouth every 8 hours as needed for anxiety was written on Resident #28 on November 30, 2022 with a stop date of 14 days. The order for Ativan Tablet 1 MG give every 12 hours as needed for anxiety was discontinued on Resident #35 on November 16, 2022. 2. All residents with orders for Psychotropic medications (meds) as needed have potential to be affected. 3. A 100% audit of Residents with an order for psychotropic meds as need was done on November 30, 2022 by the resident care coordinator to assure all had a stop date of 14 days or less. The facility Consultant Pharmacist was notified on December 1, 2022 by the Director of Nursing to send copies of her pharmacy review report to the Administrator, Director of Nursing and Resident Care Coordinator	

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F 756	Continued From page 2 part of the permanent medical record ..." Resident #28 A record review of the "Order Summary Report," for Resident #28 revealed, "... Active Orders As Of: 11/16/22 ... Ativan Tablet 1 MG (LORazepam) Give 1 mg (milligrams) by mouth every 8 hours as needed for anxiety... Order Date 8/11/22 and Start Date 8/11/22 ..." The physician's orders did not include a specific duration of time for the medication or an automatic stop date. A record review of the "Note to Attending Physician/Prescriber" dated 9/23/22, and sent by the Consultant Pharmacist (CP) for Resident #28 revealed, "...PRN (as needed) PSYCHOTROPIC MEDICATION CONSULT... This resident has an order for Ativan 1 mg (milligram) q8h (every eight hours) prn for anxiety. New federal guidelines require that PRN psychotropic medication orders automatically discontinue after 14 days. The provider must re-write the PRN order every 14 days to continue the medication on a PRN basis ..." Record review of the significant change Minimum Data Set (MDS) dated 9/30/22 Section N revealed " ...Medications Received- Indicate the number of DAYS the resident received the following medications by pharmacological classification ...A.Antianxiety ... The number of days entered that Resident #28 had received this medication was "7". A record review of the "Admission Record," revealed, the facility admitted Resident #28 on 2/21/22, with diagnoses that included Generalized Anxiety, and Schizophrenia.	F 756	via email monthly. The Pharmacy Consultant will notify the facility on what date to expect the report each month. If the report has not been received by that date the Pharmacy Consultant will be notified of non receipt. Once the report has been received the Director of Nursing, Administrator and/or Resident Care Coordinator will follow up to assure all recommendations have been completed. 4. The Resident Care Coordinator and/or Director of Nursing will monitor all as needed psychotropic medication orders Monday through Friday for 8 weeks to assure all as needed psychotropic medication orders have a stop date of 14 days or less. This monitoring began on 12/02/22. The results of this monitoring will be brought to the monthly Quality Assurance Committee meeting times two months beginning on 12/16/22 to evaluate the effectiveness and changes will be made as deemed necessary by the Quality Assurance Committee.	

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F 756	Continued From page 3	F 756		

Resident #35

A record review of the "Order Summary Report," for Resident #35 revealed, "... Active Orders As Of: 11/15/22 ... Ativan Tablet 1 MG (LORazepam) Give 1 mg (milligram) by mouth every 12 hours as needed for anxiety... Order Date 2/04/22 and Start Date 2/04/22 ..." The physician's orders did not include a specific duration of time for the medication or an automatic stop date.

A record review of the "Note to Attending Physician/Prescriber" dated 8/23/22, and sent by the Consultant Pharmacist (CP) for Resident #35 revealed, "...PRN (as needed) PSYCHOTROPIC MEDICATION CONSULT... This resident has an order for Ativan 1 mg every 12 hrs (hours) prn for anxiety. New federal guidelines require that PRN psychotropic medication orders automatically discontinue after 14 days. The provider must re-write the PRN order every 14 days to continue the medication on a PRN basis ..."

Record review of the quarterly Minimum Data Set (MDS) dated 10/20/22 Section N revealed " ...Medications Received- Indicate the number of DAYS the resident received the following medications by pharmacological classification ...B.Antianxiety ..." The number of days entered that Resident #35 had received this medication was "7".

A record review of the "Admission Record" for Resident #35, revealed the facility admitted the resident on 10/15/19, with the diagnoses that included Alzheimer's Disease and Dementia with other Behavioral Disturbances.

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F 756	Continued From page 4	F 756		

During an interview with the Director of Nursing (DON) on 11/16/22 at 1:20 PM, she confirmed the Ativan PRN orders for Resident #28 and Resident #35 did not have a duration time or an automatic stop date. She also confirmed the resident's medical records did not contain clinical documentation with new orders to extend the Ativan beyond the 14 days.

During a telephone interview with the facility's CP on 11/16/22 at 1:30 PM, she explained she sent the facility a recommendation regarding the PRN Ativan order for Resident #35 on 8/23/22, and a recommendation regarding the PRN Ativan order for Resident #28 on 9/23/22. She confirmed the PRN orders needed to have a specific duration of time for use and should only be used for 14 days but may be extended beyond 14 days if the provider documents clinical opinion, clinical rationale for extension, and a specific duration of time for the use of the PRN medication. She reported she has strongly encouraged this, but the facility does not always respond, and she keeps sending the recommendations.

During an interview with the facility's Nurse Practitioner on 11/16/22 at 1:45 PM, she explained when the CP sends the Pharmacy recommendation regarding the PRN use, she will provide appropriate diagnosis, rationale for extension, and duration of use of either 30, 60, or 90 days. She reported she does not remember seeing the CP recommendations for Resident #28 and Resident #35.

During an interview with the DON on 11/16/22 at 3:00 PM, she confirmed the CP resent the Pharmacy recommendations for the PRN Ativan for both Residents #28 and #35 but the facility

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F 756	Continued From page 5 could not locate the original Pharmacy recommendations and the recommendations had not been addressed by the prescriber.	F 756		
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	F 758		12/23/22

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F 758	Continued From page 6 §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 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 interviews, record reviews, and facility policy review, the facility failed to ensure as-needed (PRN) psychotropic medications were discontinued or documented as necessary after 14 days for two (2) of five (5) residents reviewed for unnecessary medications. Residents #28 and #35. Findings include: A record review of the facility's policy "Use of Psychotropic Medication," with revision date of 10/01/2022, revealed "Policy: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition ... Policy Explanation and Compliance Guidelines: ... 8. PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e.14 days). a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended	F 758	1. A new order for Ativan Tablet 1 MG (milligram) give one MG by mouth every 8 hours as needed for anxiety was written on Resident #28 on November 30, 2022 with a stop date of 14 days. The order for Ativan Tablet 1 MG give every 12 hours as needed for anxiety was discontinued on Resident #35 on November 16, 2022. 2. All residents with orders for psychotropic meds as needed have potential to be affected. 3. A 100% audit of Residents with an order for psychotropic meds as need was done on November 30, 2022 by the resident care coordinator to assure all had a stop date of 14 days or less. The facility Consultant Pharmacist was notified on December 1, 2022 by the Director of Nursing to send copies of her pharmacy	

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F 758	Continued From page 7 beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order..." Resident #28 A record review of the "Order Summary Report," for Resident #28 revealed, "... Active Orders As Of: 11/16/2022 ... Ativan Tablet 1 MG (milligram) (LORazepam) Give 1 mg by mouth every 8 hours as needed for anxiety... Order Date 08/11/2022 and Start Date 08/11/2022 ..." The order did not include a specific duration of time for the medication. A record review of the "Note to Attending Physician/Prescriber," dated 09/23/22, and sent by the Consultant Pharmacist (CP) for Resident #28 revealed, "...PRN (as needed) PSYCHOTROPIC MEDICATION CONSULT... This resident has an order for Ativan 1 mg (milligram) q8h (every eight hours) prn for anxiety. New federal guidelines require that PRN psychotropic medication orders automatically discontinue after 14 days. The provider must re-write the PRN order every 14 days to continue the medication on a PRN basis ..." There was no response in the Physician/Prescriber Response section of the pharmacy recommendations. A record review of the "Admission Record," revealed, the facility admitted Resident #28 on 02/21/2022, with diagnoses that included Generalized Anxiety and Schizophrenia. Resident #35 A record review of the "Order Summary Report," for Resident #35 revealed, "... Active Orders As	F 758	review report to the Administrator, Director of Nursing and Resident Care Coordinator via email monthly. The Pharmacy Consultant will notify the facility on what date to expect the report each month. If the report has not been received by that date the Pharmacy Consultant will be notified of non receipt. Once the report has been received the Director of Nursing, Administrator and/or Resident Care Coordinator will follow up to assure all recommendations have been completed. 4. The Resident Care Coordinator and/or Director of Nursing will monitor all as needed psychotropic medication orders Monday through Friday for 8 weeks to assure all as needed psychotropic medication orders have a stop date of 14 days or less. This monitoring began on 12/02/22. The results of this monitoring will be brought to the monthly Quality Assurance Committee meeting times two months beginning on 12/16/22 to evaluate the effectiveness and changes will be made as deemed necessary by the Quality Assurance Committee.	

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F 758	Continued From page 8 Of: 11/15/2022 ... Ativan Tablet 1 MG (LORazepam) Give 1 mg by mouth every 12 hours as needed for anxiety... Order Date 02/04/2022 and Start Date 02/04/2022 ..." The order did not include a specific duration of time. A record review of the "Note to Attending Physician/Prescriber," dated 08/23/2022, and sent by the CP for Resident #35 revealed, "...PRN (as needed) PSYCHOTROPIC MEDICATION CONSULT... This resident has an order for Ativan 1 mg (milligram) q8h (every eight hours) prn for anxiety. New federal guidelines require that PRN psychotropic medication orders automatically discontinue after 14 days. The provider must re-write the PRN order every 14 days to continue the medication on a PRN basis ..." There was no response in the Physician/Prescriber Response section of the pharmacy recommendations. A record review of the "Admission Record," for Resident #35 revealed the facility admitted the resident 10/15/2019, with diagnoses that included Alzheimer's Disease and Dementia with other Behavioral Disturbances. On 11/16/2022 at 1:20 PM, during an interview with the DON, she confirmed the Ativan PRN order for Resident #35 does not have a specific duration time or a reason for continuation and she confirmed the Ativan PRN order for Resident #28 did not have an identified end date or the required prescriber documentation to extend the PRN order beyond 14 days. She reported psychotropic PRN medications can only be prescribed for 14 days and if needed longer, the prescriber must re-evaluate the resident and provide clinical documentation to support the extension.	F 758		

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F 758	Continued From page 9 The facility's CP reported during a telephone interview on 11/16/2022 at 1:30 PM, on 08/23/2022 she sent the facility a recommendation regarding the PRN Ativan order for Resident #35 and on 09/23/2022 a recommendation regarding the PRN Ativan order for Resident #28. She confirmed the PRN orders needed to have a duration of use and should only be used for 14 days but may be extended beyond 14 days if the provided documents clinical opinion, clinical rationale for extension, and a specific duration of time for the use of the PRN medication. She reported she has strongly encouraged this, but the facility does not always respond. On 11/16/2022 at 1:45 PM, during an interview with the facility's Nurse Practitioner, she explained when the CP sends the Pharmacy recommendation regarding the PRN use, she will provide appropriate diagnosis, rationale for extension, and duration of use of either 30, 60, or 90 days. She reported she does not remember seeing the CP recommendations for Resident #28 and Resident #35.	F 758		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F 880		12/23/22

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F 880	Continued From page 10 The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and	F 880		

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F 880	Continued From page 11 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review, and facility policy review, the facility failed to prevent the possible spread of infection as evidenced by a nurse placing a biohazard bag containing soiled items on the floor, not performing hand hygiene after removing a soiled dressing and changing gloves, and by cleaning a tube of wound treatment medication with hand sanitizer and a tissue, for one (1) of 14 residents reviewed for infection control. Resident #7 Findings Include: Review of the facility's policy, "Infection Control Guidelines for All Nursing Procedures", revised on 8/2/22, revealed, "Purpose ...To provide guidelines for general infection control while caring for residents ...General Guidelines ...4 ...the preferred method of hand hygiene is with an alcohol-based hand rub ...for all the following situations ...h. After handling used dressing, contaminated equipment, etc. ...j. After removing	F 880	1. The biohazard bag containing soiled items was gotten off the floor by Registered Nurse (RN) #3 on November 15, 2022 and placed in the biohazard room. The tube of wound treatment medication was cleaned using a disinfectant cleaning cloth by Licensed Practical Nurse (LPN) on November 15, 2022. RN # 3 was placed back into orientation and was inserviced on infection control including washing/sanitizing hands prior to gloving, how to clean items brought out of a resident's room and placing soiled items directly into the biohazard room by the staff development nurse on Novermber 15, 2022. 2. All residents have potential to be affected. 3. All staff was inserviced on infection	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255153	A. BUILDING _____ B. WING _____	11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 12 gloves ..." A record review of the "Admission Record" revealed the facility originally admitted Resident #7 on 5/16/2022. Diagnoses included Type 2 Diabetes Mellitus and Peripheral Vascular Disease. On 11/15/22 at 2:55 PM, during an observation of wound care for Resident #7 with RN #3, he reviewed the treatment orders and collected supplies to perform wound care. RN #3 removed the soiled dressing, removed his gloves, and applied a clean pair of gloves without washing or sanitizing his hands. After completing wound care, RN #3 removed the red plastic container that contained his supplies, tape, and tube of Medi-honey from the resident's room. He placed the red biohazard bag that contained soiled items on the floor in the hallway near the treatment cart. He discarded the tape in the garbage. He explained that he was going to wipe down the items he brought out of the resident's room. RN #3 went to the nurse's station and applied hand sanitizer to a tissue. He then began to wipe down the tube of Medi-honey with the tissue. Licensed Practical Nurse (LPN) #1 observed RN #3 using the tissue with hand sanitizer and brought him a container of Super Sani-Cloth Germicidal Disposable Wipes, also known as "Purple Top" wipes. RN #3 then wiped down the red plastic container and the top of his treatment cart with the "Purple Top" wipes. On 11/15/22 at 3:20 PM, during an interview with the Director of Nursing (DON), she explained RN #3 had been trained on wound care and had completed a skills competency check-off. She stated that RN #3 should have either washed his	F 880	control using Centers for Disease Control (CDC) youtube videos: "Clean Hands" and "Sparkling Surfaces" beginning on November 30, 2022 plus additional infection control reminders by the Staff Development Nurse. All staff will be inserviced by December 5, 2022. Any staff that is out on Leave of Absence or sick, etc will be inserviced prior to or upon return to work. All Licensed nurses will have infection control competencies completed by the staff development nurse beginning on November 30, 2022 and commpleted on all licensed nurses by December 5, 2022. Any licensed nurse that is on Leave of Absence or sick, etc. will be required to have the inservice prior to or upon return to work. 4. The Staff Development Nurse and/or Resident Care Coordinator began monitoring wound care on 12/02/22 this monitoring will be done 4 times weekly for 8 weeks. The results of this monitoring will be brought to the monthly Quality Assurance Committee meeting times 2 months beginning on 12/16/22 to evaluate the effectiveness and changes will be made as deemed necessary by the Quality Assurance Committee.	

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F 880	Continued From page 13	F 880		

hands or used hand sanitizer after removing his gloves and before applying clean gloves, and he should have not cleaned the tube of Medi-honey with a tissue and hand sanitizer. She also confirmed that the red biohazard bag containing soiled items should not have been placed on the floor in the hallway to prevent the spread of infection.

On 11/15/22 at 3:35 PM, during an interview with RN #3, he explained he should have washed or sanitized his hands after removing gloves his gloves and should have only taken the amount of Medi-honey needed into the resident's room, instead of the entire tube. He also confirmed that he should have used the "Purple Top" wipes to clean any items and not a tissue with hand sanitizer and that his actions related to infection control and did not prevent the spread of infection.

On 11/16/22 at 10:50 AM, during an interview with the facility's Infection Preventionist (IP) nurses, (RN #1 and RN #2) RN #1 confirmed that RN #3 should not have placed a biohazard bag containing soiled items on the floor and that it should have been taken straight to the biohazard room. She stated that placing the bag directly on the floor is an infection control issue and could spread infection throughout the facility. RN #2 explained that when cleaning supplies brought out of a resident's room, all supplies should be cleaned with "Purple Top" wipes to prevent the spread of infection. RN #2 said that the purpose of cleaning the items is to limit the contact of bacterial, blood, or body fluids on the items and spreading infections. RN #2 also commented that when RN #3 did not wash or sanitizer his hands after removing his gloves, he could have

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F 880	Continued From page 14 caused bacterial infections and the wound not to heal. A record review of the "Nurse Orientation and Skills Checklist", dated 6/17/2022, revealed RN #3 received training on the "Infection Control and Prevention Program". A record review of the "Treatment/Skin Care Skills Checklist" dated 6/17/2022, revealed RN #3 passed the skill checklist.	F 880		