STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 Survey Agency (SSA) conducted an annual recertification survey with a Complaint Investigation (CI), MS #19331 at the facility from 12/05/2022 to 12/08/2022. During the survey, the SSA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SSA did not substantiate MS #19331 related to environment and staffing, with no deficiencies cited. During the survey, the SSA cited F553, F567, and F758. The facility has a license for 140 with a census of 112 at the time of the survey.	F 000		
F 567 SS=D	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on	F 567		1/16/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/29/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 567	Continued From page 1 resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by: Based on record review, Resident Bill of Rights review and staff interviews the facility failed to ensure residents had readily available and reasonable access to their personal funds on weekends. This had the potential to affect 55 of 112 residents who had funds managed by the facility. Findings Include: Record review of the facility's policy, "Resident Bill Of Rights", with a revision date of 11/2017, revealed, " ...A. Facility residents shall have the right to... 22. Manage his or her financial affairs. The resident must authorize the facility in writing to manage any personal funds and the facility must ensure the resident has reasonable and ready access to those funds ..." On 12/05/22 at 11:16 AM, in an interview with	F 567	Please consider this plan of correction as McComb Nursing and Rehabilitation Center, LLC, credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State Law	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 567	Continued From page 2 Resident # 29, he stated that he has a trust fund at the facility, but he is not able to get money on the weekends. He stated that if he wanted money for the weekends, it would have to be requested on Friday, as the lady that disperses the money does not work on weekends. On 12/7/22 at 3:40 PM, in an interview with the Manager of Payroll and Resident Trust Accounts, she confirmed residents cannot get money on weekends. She revealed that she checks with residents on Friday before she leaves, as she would be unavailable to assist residents with their monetary requests on weekends. On 12/7/22 at 4:38 PM, in an interview with Administrator, she confirmed staff are not available on weekends to assist residents with access to their personal funds, as she was unaware that residents wanted to get money on weekends. Record review of the "Statement Register" for the month of December 2022 revealed Resident #29 has an active account with the facility. Record review of the Resident #29's "Face Sheet," revealed the facility admitted the resident to the facility on 12/18/2014, with medical diagnoses including Type 2 Diabetes Mellitus and Hypothyroidism. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/27/2022, revealed a Brief Interview of Mental Status (BIMS) of 09, which indicated the resident had moderate cognitive impairment. Record review of the facility's "Active Patient	F 567	Resident #29 was made aware on 12/15/2022 by the Executive Director that funds in the Resident Trust account are available daily, including on the weekends. Residents that have funds in the Resident Trust Account have the potential to be affected. On December 16, 2022, the Executive Director in-serviced the Weekend Managers which include, Social Service staff, Activity staff, Business Office staff, and Admission Staff regarding the Residents Right to have access to their funds in the Resident Trust Fund account seven (7) days a week. Residents that attended the Resident Council Meeting on December 21, 2022 were informed by the Executive Director during the Resident Council Meeting that residents who have funds in the Resident Trust Account will be able to make withdrawals daily including on the weekends effective December 24, 2022. Residents who did not attend the Resident Council Meeting were informed by the Social Service Department on December 21, thru December 23, 2022 of the availability of funds on the weekends. The Weekend Managers will notify residents in person and by announcing over the intercom regarding availability of funds on Saturday and Sunday. The Social Service Director and or the Social Service Assistant will interview ten	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 567	Continued From page 3 Trust Accounts," revealed Resident #29, along with 54 other residents currently have a trust account with the facility.	F 567	(10) residents a week that have a Resident Trust Fund account beginning December 28, 2022 for four (4) weeks and then ten (10) residents monthly for two (2) months to ensure they were able to access their funds from the Resident Trust Fund on weekends. The Social Service Director will submit the results of the interviews to the Quality Assurance Committee on January 16, 2022 and then for two consecutive months. The Quality Assurance Committee will make recommendations as necessary.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and facility and staff interviews, the facility failed to ensure a resident received services included in the plan of care related to a condom catheter for one (1) of 23 sampled residents. Resident #68 Findings include: On 12/05/22 at 11:50 AM, the State Agency (SA) observed Resident #68 lying in bed. There was a urinary catheter privacy bag attached to the bed	F 684	Resident #68 physician order for the catheter was discontinued on 12/7/22. Residents that have a physician order for catheters have the potential to be affected. The Director of Nursing in-serviced licensed nursing staff, regarding following physician orders and plan of care for catheters by ensuring a catheter is in	1/16/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 684	Continued From page 4 with no urine observed in the bag. Record review of the "Face Sheet" revealed the facility admitted Resident #68 on 06/05/19 with diagnoses including Anoxic Brain Damage and Persistent Vegetative State. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/03/22 revealed Resident #68 had a Brief Interview for Mental Status (BIMS) score of 3 which indicates severe cognitive impairment. Record review of Resident #68's December 2022 "Physician Orders," revealed an order dated 11/14/22, " Freedom (Name brand of condom catheter) Cath (catheter), leg strap and privacy bag in place each shift." On 12/05/22 at 03:34 PM, during a phone interview with the Resident Representative (RR), she explained Resident #68 previously had an indwelling catheter, but it was removed. She stated that he had a Physician's Order to wear a condom catheter, but she was told by the facility that it was "on order" and had not been received. Every time she has visited, she has not seen Resident #68 wearing the condom catheter.She commented that he voids frequently, and she requested a condom catheter because she felt like it would help to prevent skin breakdown. On 12/06/22 at 3:00 PM, during an interview with Certified Nurse Aide (CNA) #2, she explained Resident #68 has not worn a condom catheter for several weeks because the nurses said there were no condom catheters for him. On 12/06/22 at 3:30 PM, during an interview with	F 684	place per the physician order and plan of care on December 19, 2022 - December 26, 2022. The Unit Managers performed a 100% audit of physician orders regarding catheters to ensure residents that have a physician order for a catheter have the catheter and care plan in place on December 22, 2022 with no negative findings. The Director of Nursing will perform a 100% audit weekly for four (4) weeks and then monthly for two (2) months regarding ensuring residents with a physician order for a catheter have a catheter and care plan in place. A 100% audit was performed on December 22, 2022 and weekly audits were initiated beginning December 29, 2022. The Director of Nursing will submit the results of the audit to the Quality Assurance Committee for three consecutive months beginning on January 16, 2022. The Quality Assurance Committee will make recommendations as necessary.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 684	Continued From page 5 the Director of Nursing (DON), she stated that it was decided to place a condom catheter on Resident #68 to keep him dry and to prevent skin break. She explained the "last she heard" the resident was using the condom catheter. She confirmed that Resident #68 does have a Physician's Order to wear a condom catheter. On 12/06/22 at 3:40 PM, during an observation of Resident #68 with the DON, she confirmed the resident was not wearing a condom catheter, and she "had no clue" that a condom catheter was not being placed on the resident. She explained she expected staff to follow the physician orders and the care plan. On 12/07/22 at 1:40 PM, during an interview with Licensed Practical Nurse (LPN) #1/Unit Manager, she explained that the purpose of the condom catheter was to keep Resident #68 dry. She stated that Resident #68 has not worn the condom catheter. On 12/07/22 at 3:00 PM, during an interview with the Administrator, she explained she was aware that Resident #68 had a Physician's Order to wear a condom catheter and there had been an issue with receiving the catheters. She stated she was not aware that the Physician's Order was not discontinued when the condom catheters were not available. She expected staff to carry out physician orders and to follow the plan of care.	F 684		
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	F 758		1/16/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 758	Continued From page 6	F 758		

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

§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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 758	Continued From page 7 §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 interview, record review, and facility policy review, the facility failed to ensure PRN (as needed) psychotropic drugs were discontinued or documented as necessary after 14 days for one (1) of five (5) residents reviewed for unnecessary medications. Resident # 57. Findings include: A record review of the facility's policy, "Behavior Management and Psycho-pharmacological Medication Monitoring Protocol," updated 3/18, revealed " ... Procedure: ... 3. PRN (as needed) psychotropic drugs should be limited to 14 days unless the primary physician has documentation supporting the rational in the medical record and has indicated the duration for the PRN order. 4. PRN antipsychotic drugs are limited to 14 days and cannot be renewed unless the primary physician or prescribing practitioner evaluates the resident." Record review of the December 2022 "Physician Orders," for Resident #57 revealed, "...Diazepam (Valium) 5 MG (milligrams) tablet give one tablet by mouth every six hours as needed ...Order date 9/16/11 and Start Date 9/16/22 ..." The diagnosis related to the order was written as, Anxiety Disorder, unspecified, but did not include a specific duration of time for administration of the medication.	F 758	Resident #57 was assessed by the Resident'□s assigned Nurse Practitioner regarding the necessity of the psychotropic medication on December 7, 2022. The Resident□'s assigned Nurse Practitioner updated a progress note dated September 27, 2022 on December 7, 2022 regarding the rational to continue the medication. On December 8, 2022 the Resident□s assigned Nurse Practitioner assessed the Resident and dictated the progress note to include the duration of the duration of the psychotropic medication. Residents who receive PRN (as needed) psychotropic medications have the potential to be affected. The licensed nursing staff, resident physicians, and resident nurse practitioners were in-serviced by the Director of Nursing on December 7, 2022 through December 29, 2022 regarding ensuring residents with PRN (as needed) physician orders for psychotropic medications include a duration date and the physician and or nurse practitioner progress note includes the rational when the PRN (as needed) psychotropic medication is going to exceed fourteen	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 758	Continued From page 8 Record review of "Note to Attending Physician/Prescriber," dated 09/21/22, written by the Consultant Pharmacist (CP) for Resident #57 revealed, " ...RE: PRN Valium ... Recommend discontinue PRN use of the above medication per the following federal guideline: ...Orders for psychotropic drugs are limited to 14 days, except when the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days. Then he/she should document the rationale in the resident's medical record and indication the duration for the PRN order ...." On Physician/Prescriber Response section of the form, the Disagree box was checked, and the signed notation, dated 9/27/22, revealed, "Pt takes medication for anxiety PRN - When scheduled routine Pt is too drowsy. Anxiety is an approved diagnosis for this med." The additional comments made by the CP revealed, "- Not PRN - dx (diagnosis) irrelevant." Record review of the "Face Sheet," revealed the facility admitted Resident #57 on 07/19/21. The resident's current diagnoses included with diagnoses of Major Depressive Disorder and Anxiety. Record review of the Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/14/22, revealed that Resident #57 had a Brief Interview for Mental Status (BIMS) score of 06, which indicated severe cognitive impairment. The Medication Section of the MDS revealed that the resident had received five (5) days of an antianxiety medication during the last seven (7) days.	F 758	(14) days. The Unit Managers performed a 100% audit of physician orders regarding residents receiving PRN (as needed) psychotropic medications on December 26, 2022. The Nurse Practitioners and or physicians issued a clarification order and updated the progress notes of Residents receiving PRN (as needed) psychotropic medications to include the duration of the psychotropic medication and the rational for exceeding fourteen days on December 27, 2022. The Unit Managers will audit ten (10) charts a week for four (4) weeks and ten charts a month for two (2) months regarding PRN (as needed) psychotropic medications to ensure the duration and rational is documented beginning December 26, 2022. The Director of Nursing will submit the results of the audits to the Quality Assurance Committee for three consecutive months beginning on January 16, 2022. The Quality Assurance Committee will make recommendations as necessary.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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 758	Continued From page 9	F 758		

Record Review of the December 2022, "EMAR (Electronic Medication Administration Record)," revealed nurse initials indicating Resident #57 had been administered Diazepam (Valium) 5 mg by mouth five (5) times in the first eight (8) days.

On 12/08/22 at 1:50 PM, during a telephone interview with the CP, she confirmed that on 9/21/22, she had sent a note to the facility for the Physician/Prescriber regarding the PRN (as needed) use of Valium for Resident #57. She revealed that although the information reviewed the CMS (Centers for Medicare & Medicaid Services) regulations regarding the use of PRN psychotropic medications, she cannot make the physicians write the orders per regulations, all she can do is keep asking for their review and document her recommendations.

On 12/08/22 at 2:10 PM, during a telephone interview with the Nurse Practitioner (NP), she revealed she had been unaware of the PRN regulations for psychotropic medications. She confirmed that she had received the pharmacy review regarding Resident #57 and the PRN use of Valium. The NP acknowledged the Valium order written for Resident #57 did not have an indication for continued use or duration of time for administration.

On 12/08/22 at 2:30 PM, during an interview with the Director of Nurses (DON), she confirmed the "Note to Attending Physician/Prescriber," revealed the specific CMS regulations for the use of PRN psychotropic medications. However, the DON acknowledged Resident #57 had an order for Valium PRN and there was no documentation regarding the indication for continued use with a specific duration of time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	415 MARION AVE MCCOMB, MS 39648

(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