STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255304	A. BUILDING _____ B. WING _____	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NICHOLS CENTER	1308 HIGHWAY 51 NORTH MADISON, MS 39110

(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 11/28/22 through 12/01/22. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and deficiences were cited at F695. At the time of the survey, the census was 51 and the facility held a license for 60 beds.	F 000		
F 695 SS=E	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 and resident interview, record review and facility policy review the facility failed to date oxygen, nebulizer tubing, and humidifier bottles and place oxygen signage on the doors for three (3) of 14 residents reviewed for oxygen administration. Resident #2, Resident #100, and Resident #149 and no physician order for oxygen for two (2) of three (3) residents. Resident #2 and Resident #149 Findings include: Resident #2	F 695	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facilities credible allegation of compliance. 1. Immediate action(s) taken for the resident(s) found to have been affected	1/6/23

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

Electronically Signed | 12/19/2022

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F 695	Continued From page 1 A record review of the facility's policy titled "Oxygen-Administration, Concentrator, Storage & Assemblage", dated August 17, 2015, revealed the Purpose: To provide adequate tissue oxygenation by providing supplemental oxygen. Oxygen Safety: 14. Post the NO SMOKING -OXYGEN IN USE sign on the door in the resident's room. Instructions for Humidifier bottle: 1. When bottle is empty or essentially empty, detach the flow gauge and date and reattach a new prefilled bottle. A record review of the facility's policy titled "Physician Orders-Transcribing and Implementing", dated August 17,2015, revealed the Purpose: It is the policy of the facility that all physician's orders will be implemented timely and carried out in a professional manner by the nursing staff. The nurse receiving the physician's orders, whether verbal or in writing, must assure that orders are transcribed properly and implemented. An observation on 11/28/22 at 8:52 PM, revealed Resident #2 receiving Oxygen (O2) at 2 liters Per Minute (LPM) via nasal canula with no label or date on the tubing and humidifier bottle and no O2 in use sign on the resident's door. An observation, on 11/29/22 at 8:35 AM, revealed Resident #2's O2 tubing and humidifier bottle not labeled or dated and no O2 in use sign on the resident's door. An observation and interview, with Resident # 2 on 11/29/22 at 1:33 PM, revealed O2 tubing unlabeled and undated and no sign on door and resident #2 confirmed she had been wearing	F 695	include: The Director of Nursing Services obtained physician orders for oxygen administration on resident #2 and resident #149 on 11/29/22 by Medical records. All unlabeled oxygen and nebulizer tubing was replaced with tubing on 11/29/22 by our Rehab RN Unit Manager . Unused tubing was placed in labeled bags. All humidifier water was changed out and dated for all residents that use oxygen concentrators on 11/29/22 by both Long Term staff nurses. No smoking signage was placed on the outside of all the resident rooms that use oxygen on 11/29/22 by our RN Rehab Unit Manager and Administrator. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents that receive oxygen and/or nebulizer treatments have the potential to be affected 3. Actions taken/systems put into place to reduce the risk of future occurrence include: An in-service education program was conducted by the Director of Nursing Services on 12/5/22 with all nursing staff addressing the significance of dating oxygen and nebulizer tubing, changing and labeling humidifier water, proper storage of tubing, obtaining physician	

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F 695	Continued From page 2 oxygen for years. Record review of Resident #2's Physician's orders revealed no order for oxygen therapy and review the medication record revealed oxygen with a discontinue date of 11/04/22. An observation and interview on 11/29/22 at 3:00 PM, with the Director of Nursing (DON) verified she was unable to find an order for oxygen use in Resident #2's record and stated somehow a stop date was entered removing the order from the medication record. She confirmed the order should not have been stopped. The DON confirmed all residents on oxygen should have a physician's order. The DON also confirmed the oxygen tubing was not labeled or dated and should be changed weekly, labeled and dated. The DON verified the was not a smoking sign and one should be in view on the the resident's door. The DON confirmed a possible complication from not dating the tubing and not having smoking signs in view is a fire or infection. Record review of Resident #2's Face Sheet revealed he was admitted on 11/23/2020 with diagnoses of Chronic Respiratory Failure with hypercapnia and Morbid obesity with Alveolar Hypoventilation. Record review of the Admission Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 11/02/22 revealed Resident# 2 had a Brief Interview for Mental Status (BIMS) of 14, indicating she was cognitively intact. Resident #149	F 695	orders and ensuring that they are not discontinued before administering, and placing no smoking signage on all resident doors that receive oxygen. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services and the nursing management team will review each resident with an order for oxygen or nebulizer treatments to assure the tubing is labeled, humidifier water is dated, proper storage of tubing, active physician order for oxygen or nebulizer treatment and no smoking signage on doors. The Director of Nursing Services (DON), starting 12/19/22 will complete weekly audits of all residents, who have orders for oxygen for three (3) consecutive weeks, to conclude 1/6/23 with a special QA, to ensure that all tubing and humidifier water is dated, all active physician orders for the residents that are currently receiving oxygen, and ensuring that all resident receiving oxygen has a no smoking sign on the door. Audits will assure that care plans remain updated to reflect these interventions. Audited records will be reviewed by the Risk Management/Quality Assurance Committee each month in 2023. Corrective action completion date: 1/6/23_____.	

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F 695	Continued From page 3	F 695		

An observation on 11/29/22 at 9:31 AM, revealed Resident #149 receiving Oxygen (O2) at 2 liters/LPM by nasal canula with the tubing and the humidifier bottle not labeled or dated and no O2 in use sign on the resident's door.

An observation, on 11/29/22 at 1:34 PM, revealed the O2 tubing, and humidifier bottle not labeled or dated and no O2 in use sign on resident's door.

An interview, with Resident #149 on 11/29/22 at 1:33 PM, revealed she has been wearing oxygen for years.

An observation and interview, with the DON on 11/29/22 at 3:00 PM, confirmed she was unable to find an order for oxygen use for Resident #149 and confirmed all residents on Oxygen should have a physician's order. The DON also confirmed the oxygen tubing was not labeled and confirmed it should be changed, labeled and dated every week and a no smoking sign should be in view on the the resident's door. The DON confirmed a possible complication from not dating the tubing and not having smoking signs in view is a fire or infection.

An interview, with the Administrator on 11/30/22 at 8:15 AM confirmed that the facility is a no smoking facility, but no smoking signs should be in view from all rooms with oxygen in use and confirmed a potential hazard is a fire or combustion.

Record review of the physician orders revealed there was no physicians order for oxygen therapy.

Record review for Resident #149 revealed an

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F 695	Continued From page 4	F 695		

admission date of 11/23/22, with diagnoses of Type 2 Diabetes, Paroxysmal Atrial Fibrillation, and Edema.

Record review of the Admission MDS) Section C with an ARD of 11/29/22 revealed Resident# 149 had a BIMS of 13, she was cognitively intact.

Resident #100

An observation, on 11/28/22 at 08:19 PM revealed oxygen tubing and humidifier bottle was not dated and no bag noted for storage. The nebulizer was laying on the bedside table, not in a bag. Resident #100 stated that he uses oxygen and nebulizer treatments.

An observation, on 11/29/22 at 1:45 PM revealed Resident #100 wearing his oxygen. The oxygen tubing was not dated. The nebulizer tubing was not dated.

An interview, on 11/29/22 at 1:48 PM with Resident #100 revealed that he did not think they had a routine for changing the tubing. He confirmed his nebulizer was not in a bag yesterday.

An interview, on 11/30/22 at 9:00 AM with the administrator (ADM) revealed if a resident has oxygen, their tubing should be dated, a bag for storage should be in the room and there should be a sign on the door.

Record review revealed a physician order dated 11/16/22 for Oxygen (O2) at 3 liters via nasal canula. A physician's order dated 11/15/22 revealed Iprat-Albut 0.5-3(2.5) milligrams (mg) /3 millimeters (ml). Inhale 3 mls per hand held

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F 695	Continued From page 5 nebulizer three times daily and Acetylcysteine 20% vial inhale 3 ml per hand held nebulizer three times daily for thirty days. Record review of the five day Admission Minimum Data Set (MDS), Section C, revealed Resident #100 had a Brief Interview for Mental Status score of 15 which revealed the resident was cognitively intact. Resident #100's face sheet revealed an admission date of 11/15/22. Admission diagnoses included: Lobar Pneumonia, Chronic Respiratory Failure, and Malignant Neoplasm of part of bronchus or lung.	F 695		