STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255158	A. BUILDING _____ B. WING _____	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIESBURG	10 MEDICAL BOULEVARD HATTIESBURG, MS 39401

(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 at the facility from 02/13/2023 to 02/16/2023. During the survey, the facility was found not to be in compliance with the requirements of participation in Medicare and Medicaid and F732 and F880 were cited. The census was 86 and the facility was licensed for 120 beds.	F 000		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.	F 732		3/16/23

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

Electronically Signed | 03/03/2023

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F 732	Continued From page 1 §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to post the daily staffing for public viewing on three (3) of four (4) days reviewed for staff posting. A record review of the facility's policy "Posting Direct Care Daily Staffing Numbers" revised 07/21/22 revealed " ...Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Policy Interpretation and Implementation 1. Within two (2) hours of the beginning of each shift, the number of Licensed Nurses (RNs, LPNs, and LVNs) (Registered Nurses, Licensed Practical Nurses, and Licensed Vocational Nurses) and the number of unlicensed nursing personnel (CNAs) (Certified Nurse Aides) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) ...5. Within two (2) hours of the beginning of the shift, the shift supervisor shall compute the number of direct care staff and complete the ...form ....and post the staffing information in the location(s) designated by the Administrator ...9. Staffing information during the recorded time period shall be made available to	F 732	1. On 2/15/23 upon notification Administrator corrected the posting of the daily staffing by also placing it in the front corridor of the facility as well as at the back entrance of the facility. 2. All Residents who currently reside at the facility or who may be admitted in the future have the potential to be affected by this practice. 3. On 2/15/23 upon notification Administrator or Director of Nursing inserviced scheduler as to appropraite posting location. 4. Administrator or Director of Nursing will monitor these locations daily starting 2/16/23 and on ongoing to ensure the daily staffing is appropaitely posted in the correct location. The results of this monitoring will be reported monthly to the Quality Assurance Committee beginning 3/16/23 for 3 months for evaluation and any needed revisions.	

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F 732	Continued From page 2 residents, family members, and the public ..." Findings include: Observations on 02/13/23 at 11:13 AM, 02/14/23 at 09:30 AM, and 02/15/23 at 03:30 PM revealed the daily staffing was not visible for public viewing. On 02/14/23 at 02:30 PM, the Director of Nursing (DON) stated the daily staffing is posted outside of the staffing office. An observation revealed this area is located in a corner at the back of the facility, behind the Rehabilitation Unit. Facility staff had access to the area, but visitors and residents did not. On 02/15/23 at 03:30 PM, in an interview and observation with the Administrator and the DON, confirmed the daily staffing continued to be posted outside of the staffing office and was not visible for public viewing. On 02/16/23 at 10:30 AM, during an interview with Staffing #1, she confirmed that she had been posting the daily staffing numbers outside of her office door and it was not visible to visitors or residents.	F 732	5. This corrective will be completed on 03/16/2023	
F 880 SS=E	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.	F 880		3/16/23

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F 880	Continued From page 3 §483.80(a) Infection prevention and control program. 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	F 880		

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F 880	Continued From page 4 disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (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 interviews, observations, and facility policy review the facility failed to prevent the possible spread of infection during medication preparation for one (1) of three (3) medication administration observations. A record review of the facility's policy," Administering Medications", revised 8/2/22, revealed, " ...Medications shall be administered in a safe ...manner ...Policy Interpretation and Implementation ...19. Staff shall follow established facility infection control procedures ...". On 2/15/23 at 8:12 AM, during an observation of medication pass with License Practical Nurse #1 (LPN), she prepared medications to be administered by placing medications in a clear medication administration cup. She dispensed	F 880	1. Assessment of the Resident for signs and symptoms of infection performed by Director of Nursing on 2/14/23. Resident Representative and provider notified of med pass error on 2/14/23. 2. All Residents have the potential to be affected by this practice. 3. Additional in-service education has been provided by Infection Preventionist Nurse. Completion of raining will be provided by 3/10/23 to all staff on Infection Control and Prevention from online infection prevention training courses offered by the Centers for Disease Control of video entitled Clean Hands https://youtu.be/xmYMUIy7qiE). A blanket check off with all medication nurses will	

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F 880	Continued From page 5 Duloxetine HCl capsule 30 mg (milligrams) from a medication card into her bare hand, and then placed the capsule into a clear medication administration cup, along with medications she had previously placed in the cup for the resident. LPN #1 entered the Resident #342's room and administered the medications to the resident. Record review of the "Order Summary Report" for Resident #342, included an order dated 2/3/23, for "Duloxetine HCl capsule delayed release particles 30 mg. Give 1 capsule by mouth one time a day for (Depression)." On 2/15/23 at 8:45 AM, in an interview with LPN #1, she stated that she should not have put the medication into her bare hand and that she was "not paying attention to what she was doing". She confirmed that she should have dispensed the medication directly into the cup and that she had contaminated the other medications she had previously placed in the cup. On 2/15/23 at 9:49 AM, in an interview with the Director of Nursing (DON), she stated that when LPN #1 touched the medication with her hands, it was an infection control issue, and she should have discarded the medication. On 2/15/23 at 10:09 AM, in an interview with Registered Nurse #1 (RN)/Infection Prevention Nurse/Staff Development Nurse, she stated that LPN #1 should have discarded the medication when she touched it with her bare hand and that these actions increased the resident's chance of getting an infection because, "Whatever was on the nurses' hands was on the medications when she gave them to the resident."	F 880	be completed by 3/10/23. Root Cause Analysis was completed on 2/28/23 with the assistance of the Infection Preventionist, the Quality Assurance and Performance Committee and governing body. 4. Monitor skills performance checks on all shifts beginning 2/23/23 will be completed on 3 med passes per week,with 3 different nurses, by Infection Preventionist Nurse. The results of these skills performance checks will be reported to the Quality Assurance Committee on a monthly basis to begin 3/16/23 to be evaluated for effectiveness and to make any needed revisions. This reporting will be continued for three months or until substantial compliance is achieved. Facility wide inservice was performed on 2/23/23 and 2/27/23. 5. This corrective action will be competed on 3/16/23.	

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F 880	Continued From page 6 A record review of the " ...Nurse Skills Checkoff List" revealed LPN #1 completed a skills checkoff that included "Medication Administration" and was signed by LPN #1 and an "Evaluator" on 8/5/22. A record review of the facility document "Infection Control for Medication Cart", dated 8/5/22, revealed the facility provided training to LPN #1 which included, "Do not touch pills without gloves on hands ..."	F 880		