| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| PONTOTOC NURSING HOME | 176 SOUTH MAIN STREET PONTOTOC, MS 38863 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey from 2/21/23 to 2/23/23 and determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M655.<br><br>Census at the time of survey was 44 and the facility held a license for 44 beds. | M 000 | | |
| M 655 | 45.21.11 Special needs<br><br>Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interviews, and record review, the facility failed to ensure that oxygen in use signage was visibly posted, and oxygen tubing was dated for three (3) of eight (8) residents observed. Resident #24, Resident #29, and Resident #32.<br><br>Findings include:<br><br>Record review revealed that the facility did not have a policy related to posting oxygen in use signage. The Administrator (ADM) provided documentation on the facility letterhead that | M 655 | M 655<br><br>**Corrective Action:<br><br>"Corrective action taken to address the finding of "the facility failed to ensure that oxygen in use signage was visibly posted" was corrected at the time of the finding on 02/22/2023 by the Administrator. The Administrator posted signage stating "Danger OXYGEN IN USE, Smoking or open flames are Prohibited in all public or private areas of this facility", (attachment A, Oxygen Signage) This signage was placed in visible locations at the Facility's front entrance, in the elevator, and at the visitor's check-in table. The Administrator | 3/31/23 |

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| M 655 | Continued From page 1<br>noted, "(Facility Name) does not currently have a policy addressing, No smoking Oxygen in Use signage, nor do they have a policy to address oxygen maintenance.<br><br>Record review of the typed statement on facility letterhead dated 2/23/2023 revealed "Pontotoc Nursing Home does not currently have a policy addressing Aqua pak or oxygen tubing maintenance but follows the procedure of changing the oxygen concentrators Aqua pak and oxygen tubing every Sunday at 2 PM as ordered and signed by the physician..."<br><br>Resident #32<br><br>An observation on 02/21/23 at 10:50 AM, revealed Resident #32's oxygen concentrator humidifier water bottle was dated 2/19/23. The tubing connected to the humidifier water bottle was not dated and there was no oxygen signage on the resident's door.<br><br>An interview with Licensed Practical Nurse (LPN) #1 on 2/22/23 at 11:40 AM, revealed the oxygen and the tubing were changed weekly on Sunday and should both be dated. She confirmed that the tubing and the water bottle should be dated, but there was only a date on the humidifier water bottle and not on the tubing for this resident. She stated they do not put signage on the doors of residents with oxygen.<br><br>An interview on 2/22/23 at 12:05 PM with Registered Nurse (RN) #1, revealed she serves as charge nurse and each week on Sunday, the charge nurse changes out the oxygen tubing and humidifier bottle. She confirmed that with the oxygen systems that they use is equipped for humidifier bottles. She dated only the humidifier | M 655 | also posted signage stating, "Danger OXYGEN Cylinder Storage, Smoking or open flames are Prohibited in all public or private areas of this facility" (attachment B, Oxygen Signage) on the storage room door housing the Oxygen cylinders. The facility's Policy has been updated and includes the practice of placing Oxygen in Use signage (attachment C, Oxygen Policy) in visible locations throughout the facility.<br><br>"Corrective action for residents 24: On 2/23/2023, the Charge Nurse replaced the oxygen humidification and oxygen tubing. The Charge Nurse dated the humidification and dated the oxygen tubing at that time.<br>REVISION: "Oxygen in Use Signage" has been placed on the resident's door.<br><br>"Corrective action for resident 29: On 2/23/2023, the Charge Nurse replaced the oxygen humidification and oxygen tubing. The Charge Nurse dated the humidification and dated the oxygen tubing at that time.<br>REVISION: "Oxygen in Use Signage" has been placed on the resident's door.<br><br>"Corrective action for resident 32: On 2/23/2023, the Charge Nurse replaced the oxygen humidification and oxygen tubing. The Charge Nurse dated the humidification and dated the oxygen tubing at that time.<br>REVISION: "Oxygen in Use Signage" has been placed on the resident's door.<br><br>"Corrective action for the finding of the | |

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| M 655 | Continued From page 2<br>bottles and not the tubing, and if an oxygen system with no water bottle is being used, she dates the tubing. She confirmed oxygen signage is not used on the residents' doors.<br><br>Record review of Physician Order dated 1/12/21 for nasal cannula oxygen two (2) liters per minute as needed for shortness of breath. Record review of Physician Order dated 10/20/21 for nasal cannula oxygen two (2) liters per minute to be worn every night.<br><br>Record review of Face Sheet revealed Resident #32 was admitted to the facility on 1/7/21. Diagnoses included Pick's Disease, Shortness of Breath, Type 2 Diabetes Mellitus, and Hypertension.<br><br>Record review of quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/30/22 section C revealed a Brief Interview of Mental Status (BIMS) score of 99 which indicated Resident #32 was unable to complete the interview. Record review of section O indicated the resident was on oxygen therapy.<br><br>Resident #24<br><br>An observation on 02/21/23 at 10:25 AM, revealed Resident #24 lying in bed utilizing supplemental oxygen. No date was noted on the tubing or humidification bottle. There was no oxygen signage on the resident's door.<br><br>An interview on 02/22/23 at 12:10 PM, with Registered Nurse (RN) #1 revealed the tubing and humidification bottles are changed out one time a week and she changed out Resident #24's bottle and tubing this past Sunday. She | M 655 | lack of a facility policy identifying the procedure for Oxygen Delivery and Oxygen Maintenance was corrected on 3/14/2023 upon the Medical Director's and QAPI committee's approval of the Facility's Oxygen Delivery and Maintenance Policy. (attachment C, Oxygen Policy)<br><br>**Identification of others:<br><br>The facility identifies all residents receiving supplemental oxygen or nebulizer treatments as having the potential to be affected.<br><br>"Systemic changes or measures put into place:<br><br>1. Oxygen Policy Written as described below and Attached to this POC<br>2. Licensed Nurse Bedside Respiratory Competency completed for all licensed staff and added to new employee education in the future.<br>3. Sparkling Surfaces Education for current employees performed and added to new employee orientation in the future as described below.<br><br>1. "On 3/14/2023, the facility's Policy was updated to include the practice of placing "Oxygen in use signage" in visible locations throughout the facility (attachment A, Oxygen Signage), the | |

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| M 655 | Continued From page 3<br>confirmed that the tubing did not have a date on it because she only labels the humidification bottle and not the tubing. She confirmed that the resident did not have a sign on the door alerting visitors of oxygen in use.<br><br>An interview on 02/22/23 at 12:25 PM, the Administrator (ADM) revealed when the facility became a smoke-free facility it changed, and the oxygen signs were removed but she wasn't sure why.<br><br>An observation by the State Agent (SA) on 02/22/23 at 12:30 PM, of the front main entrance doors revealed a sign that was posted, "This is a tobacco-free facility campus." No signage of oxygen in use was noted. The Administrator revealed she could not find an oxygen policy because when the hospital went to a smoke-free facility, they removed the policy of having oxygen in-use signage. She confirmed that the front door said, tobacco-free facility campus and confirmed that there was no signage of oxygen in use, and it should be since that is a regulation.<br><br>An interview on 02/23/23 at 9:35 AM The Administrator revealed they had no policy for changing the oxygen tubing or the water bottles, but that it is done on Sunday at 2 PM. She confirmed that the tubing and water bottle on the oxygen concentrators were to be labeled with the date.<br><br>A record of Physician orders dated 9/21/22 for oxygen therapy Nasal Cannula, at 2 liters to treat and prevent hypoxemia.<br><br>A record review of Resident #24's Face Sheet revealed the resident was admitted to the facility on 12/02/19 with diagnoses that included, | M 655 | licensed nurse competency stated oxygen signage was to be placed on the resident's door. On 3/18/2023 the policy was updated to include placing oxygen signage on each resident's door who utilizes supplemental oxygen as mandated by the Mississippi State Department of Health. (attachment C, Oxygen Policy)<br><br>"On 3/14/2023 the Medical Director and QAPI Committee approved the facility's policy for the procedure of Oxygen Delivery and Maintenance. The policy established guidelines for appropriate documentation of oxygen humidification bottle changes and oxygen tubing changes which are scheduled to occur weekly on Sundays, is performed by the Charge Nurse, and are documented in the legal Medical Record. (Attachment C, Oxygen Policy)<br><br>2."The facility has developed a Licensed Nurse competency for Bedside Respiratory Services which includes Oxygen Delivery and Oxygen Maintenance guidelines per the facility's policy. (Attachment D, Competency) The Director of Nursing will complete this competency with each Licensed or Registered Nurse employed at the facility by 3/28/2023. This competency assessment will also be required for licensed staff employed after the date of 3/28/2023 due within 60 days after date of hire.<br><br>"The Oxygen Delivery and Maintenance Policy (attachment C) and the Bedside | |

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| M 655 | Continued From page 4<br>Age-related physical debility, Shortness of breath, and Cerebral infarction.<br><br>Record review of the MDS with an ARD of 2/22/23 revealed Resident #24 had a BIMS score of 11, which indicated the resident has a moderate cognitive impairment.<br><br>Resident #29<br><br>An observation and interview on 02/21/23 at 10:30 AM, of Resident #29's room entrance, revealed that there was no "Oxygen in use" signage posted. There were no visible dates observed on the oxygen tubing or humidifier bottle. Resident #29 revealed that she used her nebulizer machine every day and used her oxygen every night.<br><br>An observation on 2/22/23 at 9:30 AM, of Resident #29's room entrance, revealed that there was no "Oxygen in Use" sign posted to indicate that oxygen was being used. There were no visible dates observed on the nebulizer mouthpiece or tubing.<br><br>An interview with RN #1 on 2/22/23 at 11:35 AM, revealed that she changed all nebulizer tubing, face mask, mouthpiece, and oxygen tubing every Sunday when she worked and that she used a sharpie marker to date the tubing. She revealed that if the resident used the humidified water bottle, she dated the bottle only and not the tubing, but if they did not use the humidified water bottle, she only dated the tubing.<br><br>Record review of Resident #29's Face Sheet revealed an admission date of 1/24/23 with | M 655 | Respiratory Competency assessment (attachment D) contain the following guidelines.<br><br>1.Oxygen in Use Signage warning of the danger of smoking and open flames are place on the resident's door.<br><br>2.Oxygen humidification should be changed once weekly.<br>a. The date should be placed on the humidification bottle when the system is changed weekly.<br>b. The humidification/tubing change weekly should be documented in the legal electronic medical record.<br>c. Humidification is not required for oxygen administration of less than 4 Lpm.<br>d. Skin integrity should be assessed, and therapeutic devices should be placed if skin issues are present.<br>e. A physician's order shall supersede established procedures.<br><br>3. Oxygen Concentrator tubing should be changed once weekly:<br>a. The oxygen tubing change should be documented in the legal electronic medical record upon completion of the task and the tubing should be dated.<br>b. A physician's order shall supersede established procedures<br><br>4. Oxygen tubing storage:<br>a. The oxygen nasal cannula, when not in use, should be covered with a zip lock bag to prevent contamination. The bag should remain open<br>b. The oxygen tubing should not be stored in the bag due to increased risk for | |

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| M 655 | Continued From page 5<br>diagnoses of Chronic Obstructive Pulmonary Disease, Anxiety, Shortness of breath, and Vascular Dementia, unspecified.<br><br>Record review of "Physician's Orders" for Resident #29 dated 1/24/23 revealed the following order: Oxygen (O2) therapy at (@) two (2) liters per minute (lpm) by nasal cannula (bnc) to be worn at hour of sleep (hs) and as needed for shortness of breath.<br><br>Record review of the MDS for Resident #29 with an ARD of 1/31/23 revealed Resident #29 had a BIMS score of 7, indicating the resident has severe cognitive impairment.<br><br>An interview on 02/22/23 at 12:20 PM with the Director of Nurses (DON) revealed that the resident doesn't have oxygen signage because we are a smoke-free facility. She revealed there is a sign that alerts everyone when they enter the building that this is a smoke-free facility. The DON revealed the oxygen tubing and humidifier bottle are to be changed weekly. She was aware the bottles were supposed to be labeled but wasn't sure if the oxygen tubing was to be labeled also. | M 655 | contamination of the nasal cannula.<br><br>Performance Monitoring:<br><br>The Administrator or the Administrative Assistant will perform a bedside audit weekly for each resident ordered supplemental oxygen.<br>The oxygen audits started on 3/13/2023 and will be performed on a weekly basis for a period of no less than 6 months. The Quality Committee will make recommendations based on the need to continue these audits for greater than 6 months after evaluating compliance.<br><br>The Administrator monitoring performance by completing weekly audits to be reviewed by the Performance Improvement committee monthly is how the facility will monitor our performance to ensure the solutions are sustained.<br><br>The elements audited to determine staff compliance are as follows: (attachment E)<br>o Presence of Oxygen in Use Signage warning of the danger of smoking and open flames on each residents door utilizing oxygen.<br>o Oxygen Concentrator humidification is changed weekly with the date written on the humidification bottle and documented in the legal medical record.<br>o The oxygen tubing change is completed weekly, the tubing is dated and | |

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| M 655 | Continued From page 6 | M 655 | documented in the legal electronic medical record.<br>o The nasal cannula, when not in use, should be covered with a zip lock bag to prevent contamination. The bag should remain open to decrease bacteria growth.<br><br>Results of the performance monitoring may be referred to in Attachment F which were reviewed during the focused Quality Assurance Performance Improvement (QAPI) meeting on 3/31/2023. The meeting minutes are as follows or may be viewed in Attachment Q:<br><br>Focused QAPI Meeting<br>MSDH Plan of Correction Revision, Root Cause Analysis Review and POC Performance Monitoring<br>3/31/2023<br>1000-1030<br><br>Attendees:<br>Director of Nursing<br>Administrator<br>Medical Director via Administrator Speaker Phone<br>Infection Prevention<br>Staff RN<br>Administrative Assistant<br><br>Note:<br>The attendees signed the NMMC Education course Sign-in sheet.<br><br>The attendees reviewed:<br>The attendees reviewed the root cause analysis performed utilizing the 5 whys initiated on 3/14/2023 by this team. (Attachment H) The root cause analysis | |

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| M 655 | Continued From page 7 | M 655 | identified the following bulleted Corrective Actions which were assigned for completion and implementation to be reviewed at this time:<br><br>"Pontotoc Extended Care: Oxygen Administration and Maintenance Policy which contains the facility's systemic changes resulting from the MSDH survey. (Attachment C)<br>1. All oxygen tubing, humidification, and aerosol tubing are for single client use only. These items should be replaced weekly or when visibly soiled and may be dated. Documentation of these tasks should be completed in the resident's legal electronic medical record. The nurse may write the date on the humidification bottle when placed in use. Respiratory Clinical practice guidelines should be referenced for current clinical practice. Physician's orders will supersede the established policy or guidelines. Revised to include dating the oxygen tubing as recommended by the Mississippi State Department of Health.<br>2. Safety signage should be posted in visible areas warning residents and visitors of the danger of smoking or the presence of an open flame in the facility due to the utilization of oxygen producing machinery. Revision included placing signage on the resident's door as recommended by the Mississippi State Department of Health.<br><br>"Pontotoc Extended Care: Bedside Respiratory Performance Monitoring (Attachment E)<br>1. This audit has been completed | |

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| M 655 | Continued From page 8 | M 655 | weekly, on Mondays, by the Administrator and the Administrative Assistant.<br>2. The Audits performed on 3/13/23, 3/20/2023, 3/27/23 were reviewed by the committee to determine compliance. The audit performed on 3/6/2023 was discarded due to changes in the plan of correction.<br>3. The audits were performed for 10 of 10 residents who currently have Oxygen or nebulizers ordered.<br>Results:<br>"10 of 10 residents had Oxygen in use signage posted on their door.<br>"10 of 10 residents had dates on the oxygen tubing and humidification.<br>"2 of 2 residents had the nasal cannula secured in an open bag when not in use.<br>"8 of 8 residents nasal cannulas were in use not requiring bag storage.<br>"2 of 2 residents had dates present on their nebulizer tubing and the aerosol/mouthpiece was dry and stored in an open bag.<br>100% compliance overall compliance elements of the plan of correction.<br><br>"Sparkling Surfaces education was performed by all working employees. The attendees reviewed the employee roster and the attendance roster to ensure all working employees had attended the computer-based training. The attendees identified each employee who had not attended due to the following:<br>.....wn- currently in Montana travel nursing, no days scheduled in facility<br>.....lloway-currently out of state, no days scheduled in facility | |

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| M 655 | Continued From page 9 | M 655 | .....od- currently on education leave<br>.....ung- PRN employee without days scheduled<br>.....awford- PRN employee removed from schedule until training is complete<br>.....utsy-PRN employee removed from schedule until training is complete<br><br>"Completion of Bedside Respiratory Competency by all licensed staff:<br>1. Bedside Respiratory Competency has been completed by all licensed staff except for:<br>.....utsy-PRN employee removed from schedule until training is complete<br>.....loway-currently out of state, no days scheduled in facility<br><br>Meeting notes:<br><br>The Administrator and Administrative Assistant will continue to monitor performance by auditing the respiratory bedside infection prevention procedure for a total of 6 months and will report to Performance Improvement Committee monthly.<br><br>The Administrator will also monitor performance of new employee education of Sparkling Surfaces and the Bedside Respiratory Competency.<br><br>The attendees reviewed revisions to the MSDH licensure and certification plan of correction which included the addition of placing Oxygen in Use signage on the resident's doors who are currently using | |

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| M 655 | Continued From page 10 | M 655 | oxygen and the addition of adding dates to the oxygen and nebulizer tubing as recommended by the surveying agency. Reviewed communication from NMHS legal counsel, NMHS VP of facility operations, and NMHS system Infection Preventionist regarding these recommendations. | |