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	25A380	A. BUILDING _____ B. WING _____	02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC NURSING HOME	176 SOUTH MAIN STREET PONTOTOC, MS 38863

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey from 2/21/23 to 2/23/23. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations for participation and cited regulatory deficiencies at F695 and F880. Census at the time of survey was 44 and the facility was licensed for 44 beds.	F 000		
F 695 SS=D	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 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. Findings include: Record review revealed that the facility did not have a policy related to posting oxygen in use signage. The Administrator (ADM) provided	F 695	F695 **Corrective Action: "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	3/31/23

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

Electronically Signed | 03/17/2023

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F 695	Continued From page 1 documentation on the facility letterhead that 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. 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..." Resident #32 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. 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. 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	F 695	front entrance, in the elevator, and at the visitor's check-in table. The Administrator 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. "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. REVISION: "Oxygen in Use Signage" has been placed on the resident's door. "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. REVISION: "Oxygen in Use Signage" has been placed on the resident's door. "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. REVISION: "Oxygen in Use Signage" has	

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F 695	Continued From page 2	F 695		

oxygen systems that they use is equipped for humidifier bottles. She dated only the humidifier 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.

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.

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.

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.

Resident #24

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.

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

been placed on the resident's door.

"Corrective action for the finding of the 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)

**Identification of others:

The facility identifies all residents receiving supplemental oxygen or nebulizer treatments as having the potential to be affected.

"Systemic changes or measures put into place:

1. Oxygen Policy Written as described below and Attached to this POC
2. Licensed Nurse Bedside Respiratory Competency completed for all licensed staff and added to new employee education in the future.
3. Sparkling Surfaces Education for current employees performed and added to new employee orientation in the future as described below.

1. "On 3/14/2023, the facility's Policy was

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F 695	Continued From page 3 time a week and she changed out Resident #24's bottle and tubing this past Sunday. She 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. 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. 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. 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. A record of Physician orders dated 9/21/22 for oxygen therapy Nasal Cannula, at 2 liters to treat and prevent hypoxemia.	F 695	updated to include the practice of placing "Oxygen in use signage" in visible locations throughout the facility (attachment A, Oxygen Signage), the 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) "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) 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	

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F 695	Continued From page 4 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, Age-related physical debility, Shortness of breath, and Cerebral infarction. 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. Resident #29 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. 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. 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.	F 695	3/28/2023 due within 60 days after date of hire. "The Oxygen Delivery and Maintenance Policy (attachment C) and the Bedside Respiratory Competency assessment (attachment D) contain the following guidelines. 1.Oxygen in Use Signage warning of the danger of smoking and open flames are place on the resident's door. 2.Oxygen humidification should be changed once weekly. a. The date should be placed on the humidification bottle when the system is changed weekly. b. The humidification/tubing change weekly should be documented in the legal electronic medical record. c. Humidification is not required for oxygen administration of less than 4 Lpm. d. Skin integrity should be assessed, and therapeutic devices should be placed if skin issues are present. e. A physician's order shall supersede established procedures. 3. Oxygen Concentrator tubing should be changed once weekly: 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. b. A physician's order shall supersede established procedures	

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F 695	Continued From page 5 Record review of Resident #29's Face Sheet revealed an admission date of 1/24/23 with diagnoses of Chronic Obstructive Pulmonary Disease, Anxiety, Shortness of breath, and Vascular Dementia, unspecified. 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. 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. 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.	F 695	4. Oxygen tubing storage: 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 b. The oxygen tubing should not be stored in the bag due to increased risk for contamination of the nasal cannula. Performance Monitoring: The Administrator or the Administrative Assistant will perform a bedside audit weekly for each resident ordered supplemental oxygen. 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. 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. The elements audited to determine staff compliance are as follows: (attachment E) o Presence of Oxygen in Use Signage warning of the danger of smoking and open flames on each residents door	

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utilizing oxygen.

o Oxygen Concentrator humidification is changed weekly with the date written on the humidification bottle and documented in the legal medical record.

o The oxygen tubing change is completed weekly, the tubing is dated and documented in the legal electronic medical record.

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.

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:

Focused QAPI Meeting
MSDH Plan of Correction Revision, Root Cause Analysis Review and POC Performance Monitoring
3/31/2023
1000-1030

Attendees:
Director of Nursing
Administrator
Medical Director via Administrator Speaker Phone
Infection Prevention
Staff RN
Administrative Assistant

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F 695	Continued From page 7	F 695	Note: The attendees signed the NMMC Education course Sign-in sheet. The attendees reviewed: 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 identified the following bulleted Corrective Actions which were assigned for completion and implementation to be reviewed at this time: "Pontotoc Extended Care: Oxygen Administration and Maintenance Policy which contains the facility's systemic changes resulting from the MSDH survey. (Attachment C) 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. 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	

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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.

"Pontotoc Extended Care: Bedside Respiratory Performance Monitoring (Attachment E)

1. This audit has been completed weekly, on Mondays, by the Administrator and the Administrative Assistant.

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.

3. The audits were performed for 10 of 10 residents who currently have Oxygen or nebulizers ordered.

Results:

"10 of 10 residents had Oxygen in use signage posted on their door.

"10 of 10 residents had dates on the oxygen tubing and humidification.

"2 of 2 residents had the nasal cannula secured in an open bag when not in use.

"8 of 8 residents nasal cannulas were in use not requiring bag storage.

"2 of 2 residents had dates present on their nebulizer tubing and the aerosol/mouthpiece was dry and stored in an open bag.

100% compliance overall compliance elements of the plan of correction.

"Sparkling Surfaces education was

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F 695	Continued From page 9	F 695	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: .....wn- currently in Montana travel nursing, no days scheduled in facility .....lloway-currently out of state, no days scheduled in facility .....od- currently on education leave .....ung- PRN employee without days scheduled .....awford- PRN employee removed from schedule until training is complete .....utsy-PRN employee removed from schedule until training is complete "Completion of Bedside Respiratory Competency by all licensed staff: 1. Bedside Respiratory Competency has been completed by all licensed staff except for: .....utsy-PRN employee removed from schedule until training is complete .....loway-currently out of state, no days scheduled in facility Meeting notes: 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	

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F 695	Continued From page 10	F 695	monthly. The Administrator will also monitor performance of new employee education of Sparkling Surfaces and the Bedside Respiratory Competency. 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 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.	
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. 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,	F 880		3/31/23

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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
(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

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F 880	Continued From page 12 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 and resident interviews, record review, and facility policy review, the facility failed to prevent the likelihood of infection as evidenced by improper storage of oxygen cannula and nebulizer tubing, and mouthpiece for one (1) of four (4) residents observed. Resident #29. Findings Include Review of the facility policy titled, "Nebulizer Masks, Tubing, and Bag Protocol" with a review date of 2/22/23 revealed, "It is the policy of (Facility Name) that nebulizer mask and tubing should be dried and stored when not in use." Rationale: "Provide infection control and protection for residents using nebulizer treatments." Procedure: 1. "(Facility Name) provides clear plastic bags with a drawstring closure to store nebulizer mask and tubing." 2. "The resident's room number and date should be written on the bag, tubing, and mask." Observation on 02/21/23 at 10:30 AM, Resident #29's oxygen concentrator was observed in the corner of the room with the nasal cannula wrapped around the right bedside rail. There was	F 880	F880 Corrective Action: The following actions were taken on 2/22/2023 for resident #29: Resident 29's Oxygen tubing was replaced, dated and placed in a plastic drawstring bag to prevent contamination. Resident 29's nebulizer tubing and mouthpiece was replaced, dated and placed in a plastic drawstring bag. Identification of others: The facility identifies residents who are prescribed Small Volume nebulizers and residents who are prescribed supplemental oxygen as having the potential to be affected by the practice. MEASURES PUT INTO PLACE/SYSTEMIC CHANGES 1. A Root Cause Analysis was completed by the Infection Preventionist, Medical	

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F 880	Continued From page 13 a nebulizer machine on the bedside table the nebulizer tubing was draped over the nebulizer machine with the mouthpiece laid directly onto the bedside table and there was no plastic bag to store the oxygen and nebulizer tubing appropriately. An interview on 02/21/23 at 10:30 AM with Resident #29 revealed that she used her nebulizer machine every day and used her oxygen every night. An observation on 2/22/23 at 9:30 AM, revealed Resident #29's oxygen cannula and tubing were observed laying on the floor. The nebulization mouthpiece was laying directly on the bedside table and not stored in a plastic bag. Observation and interview on 2/22/23 at 11:30 AM, with Registered Nurse (RN) #1 confirmed that the nebulizer mouthpiece was laying directly on the Resident's bedside table and that the oxygen cannula was laying on the floor. She confirmed that this could cause bacteria to enter the respiratory tract and cause infection. An interview with RN # 1 on 2/22/23 at 11:35 AM, revealed that they had placed oxygen and nebulizer tubing in a plastic bag in the past but had gotten out of the habit of doing this during the covid outbreak. An interview with the Infection Control Nurse on 2/23/23 at 9:05 AM, revealed that leaving the nebulizer mouthpiece and oxygen cannula open to air could cause all kinds of infections. She also revealed that respiratory equipment should be in a bag when not in use.	F 880	Director, Director of Nursing, Administrator and a facility RN on 3/14/2023 which identified the following measures to be developed and implemented prior to 3/31/2023: 1. Policy development to identify the procedure utilized to prevent potential contamination of oxygen and nebulizer tubing when not in use in the residents room. 2. Education: infection prevention education for all current staff and newly employed staff 3. Education: clinical competency performance for all licensed staff as established by the oxygen and nebulizer maintenance policy and competency evaluation. MEASURE PUT INTO PLACE AND SYSTEMIC CHANGE: 2. The facility's policy was updated on 3/14/2023 to reflect current clinical practice guidelines as recommended by the American Association for Respiratory Care. (Attachment C, Oxygen Delivery) then Revised on 3/18/2023 to include the Ms State Department of Health's requirements of placing Oxygen in use signage on resident's doors who are utilizing oxygen, dating the oxygen humidification, dating the oxygen tubing, dating the nebulizer tubing, covering nasal cannulas when not in use, storing nebulizer mouthpieces in a baggie after cleaning and allowing to air dry.	

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F 880	Continued From page 14 Record review of Resident #29's Face Sheet revealed an admission date of 1/24/23 with diagnoses of Chronic Obstructive Pulmonary Disease, Anxiety, Shortness of breath, and Vascular Dementia, unspecified. 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. Record review of "Physician's Orders" for Resident #29 dated 1/24/23 revealed the following order: Budesonide inhalation 0.25 mg daily and ipratropium 0.5 mg/2.5-milliliter solution inhaled every four (4) hours as needed for wheezing. Record review of the Minimum Data Set (MDS) for Resident #29 with an Assessment Reference Date (ARD) of 1/31/23, had a Brief Interview for Mental Status (BIMS) score of 7, indicating the resident has severe cognitive impairment.	F 880	MEASURE PUT INTO PLACE AND SYSTEMIC CHANGE: 3. All facility staff have been assigned the CDC's Sparkling Surfaces video education. The CDC's Sparkling Surfaces video available for viewing at https://www.youtube.com/watch?v=t70H80Rr5Ig&t=2s has been linked and added to the facility's computer-based training system, Healthstream. All current staff have been assigned this training to be complete by 3/21/2023. The computer-based training program requires each employee to log-in using their unique user name and password and requires an attestation statement to be acknowledged. The attendance record for this training will be submitted as an attachment on or before 3/22/2023 along with an employee roster. (Attachment I, Attachment J) Any staff member who does not complete this training will not be allowed to work in this facility. MEASURE PUT INTO PLACE AND SYSTEMIC CHANGE: 4. The Sparkling Surfaces computer-based training will be required for all new employees during their orientation/competency evaluation period of 30 days after date of hire. An attestation statement has been submitted as an attachment attesting to the Sparkling Surfaces education for all staff members and any employees inability to work until this assignment is complete. (Attachment K)	

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F 880	Continued From page 15	F 880	MEASURE PUT INTO PLACE and SYSTEMIC CHANGE: 5. The Director of Nursing will perform respiratory infection prevention clinical skills evaluation for each licensed staff member. The skills included for competency evaluation are as follows: THE SYSTEMIC CHANGES/MEASURES PUT INTO PLACE AS STATED ABOVE ARE AS FOLLOWS: *Oxygen signage placed on resident doors as required by the Mississippi State Department of Health when oxygen is in use. *The nurse should date oxygen tubing, humidification, and aerosol tubing at the time it is put into service in addition to documenting these tasks in the legal medical record as mandated by the Mississippi State Department of Health. *Oxygen nasal cannulas and nebulizer mouthpieces should be stored in a baggie when not in use as required by the Mississippi State Department of Health. *Sparkling Surfaces education assigned to all current staff. *Sparkling Surfaces education added to new employee orientation. *Bedside Respiratory Competency completed for all current licensed staff. *Bedside Respiratory Competency added to new employee orientation for future staff.	

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F 880	Continued From page 16	F 880	The Administrator attests to the completion of respiratory infection prevention skills competency completed by all Licensed staff and the incorporation of this skills competency into new employee orientation as a system change. The facility's policy and bedside respiratory competency reflect the systemic changes put into place: 1. Oxygen in Use, No Smoking, No Open Flames signage is placed on each resident's door utilizing oxygen. 2. Oxygen Concentrator humidification, oxygen tubing, aerosol tubing should be changed once weekly and dated. 3. Oxygen Concentrator tubing should be changed once weekly if humidification is not in use and the tubing should be dated. 4. Oxygen tubing storage: "The nasal cannula, when not in use, should be covered with a baggie to prevent contamination. The bag should remain open to prevent bacteria growth. 5. Nebulizer mouthpieces should be rinsed after use, allowed to air dry, then stored in an open baggie to prevent contamination. PERFORMANCE MONITORING TO ENSURE THE PROBLEM DOES NOT RECUR: The Administrator or the Administrative	

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F 880	Continued From page 17	F 880	Assistant will complete a bedside audit each Monday and document her findings. (Attachment E) The audit findings will be reported to the Quality Assurance Performance Improvement committee monthly. The first audit occurred on 3/13/2023, the next two are scheduled for 3/20/2023 and 3/27/2023. Upon completion of the 3 audits, a Quality Assurance Performance Improvement committee meeting is scheduled for 3/28/2023 to review the findings and make further recommendations as needed. The Audit will be performed at bedside for resident's who are ordered Oxygen or Nebulizer treatments. The results of this audit will be monitored, and all findings will be reported to the Quality Assurance and Performance Improvement (QAPI) committee monthly for a period of no less than 6 months to monitor to ensure the corrective action is sustained. THE SYSTEMIC CHANGES OR MEASURES PUT INTO PLACE being monitored by the facility's QAPI COMMITTEE: o Oxygen signage is placed on resident doors as required by the Mississippi State Department of Health when oxygen is in use. o Oxygen Concentrator humidification is changed once weekly, dated, and documented in the resident's legal medical record.	

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F 880	Continued From page 18	F 880	o Oxygen tubing change should occur weekly, should be dated and documented in the electronic medical record. o The nasal cannula, when not in use, is covered with a zip lock bag to prevent contamination. The bag should remain open to decrease bacteria growth. o The oxygen tubing should not be in the bag as this increases the risk of contaminating the nasal cannula. o Nebulizer tubing and the nebulizer dispenser/mouthpiece will be changed weekly, the tubing will be dated, and the task will be documented in the electronic medical record. o The Nebulizer dispenser/mouthpiece is removed from the tubing after the treatment is administered, rinsed with tap water, and air dried on a paper towel out of an area with the increased risk for splash contamination. o The nebulizer dispenser/mouthpiece is stored in an open plastic bag after drying. MEASURES TO PREVENT RECURRANCE: * Education assigned and completed: Sparkling Surfaces education assigned/completed by all current staff. Sparkling Surfaces education assigned/completed by new employees. Bedside Respiratory Competency	

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F 880	Continued From page 19	F 880	assigned/completed by current licensed staff. Bedside Respiratory Competency assigned/completed by new licensed employees. Performance Monitoring: The Administrator or the Administrative Assistant will perform a bedside audit weekly for each resident ordered supplemental oxygen. 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. The Administrator will monitor performance by completing weekly audits to be reviewed by the Performance Improvement committee monthly. This is how the facility will monitor our performance to ensure the solutions are sustained. o Oxygen signage is placed on resident doors as required by the Mississippi State Department of Health when oxygen is in use. o Oxygen Concentrator humidification is changed once weekly, dated, and	

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F 880	Continued From page 20	F 880	documented in the resident's legal medical record. o Oxygen tubing change should occur weekly, should be dated and documented in the electronic medical record. o The nasal cannula, when not in use, is covered with a zip lock bag to prevent contamination. The bag should remain open to decrease bacteria growth. o The oxygen tubing should not be in the bag as this increases the risk of contaminating the nasal cannula. o Nebulizer tubing and the nebulizer dispenser/mouthpiece will be changed weekly, the tubing will be dated, and the task will be documented in the electronic medical record. o The Nebulizer dispenser/mouthpiece is removed from the tubing after the treatment is administered, rinsed with tap water, and air dried on a paper towel out of an area with the increased risk for splash contamination. o The nebulizer dispenser/mouthpiece is stored in an open plastic bag after drying. Results of the performance monitoring may be referred to in Attachment F which were reviewed during the focused Quality Assurance Performance Improvement	

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F 880	Continued From page 21	F 880		

(QAPI) meeting on 3/31/2023. The meeting minutes are as follows or may be viewed in Attachment Q:

Focused QAPI
MSDH Plan of Correction Revision, Root Cause Analysis Review and POC Performance Monitoring
3/31/2023
1000-1030

Attendees:
Director of Nursing
Administrator
Medical Director via Administrator Speaker Phone
Infection Prevention
Staff RN
Administrative Assistant

Note:
The attendees signed the NMMC Education course Sign-in sheet.

The attendees reviewed:
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 identified the following bulleted Corrective Actions which were assigned for completion and implementation to be reviewed at this time:
o Oxygen signage is placed on resident doors as required by the Mississippi State Department of Health when oxygen is in use.
o Oxygen Concentrator humidification is changed once weekly,

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F 880	Continued From page 22	F 880	dated, and documented in the resident's legal medical record. o Oxygen tubing change should occur weekly, should be dated and documented in the electronic medical record. o The nasal cannula, when not in use, is covered with a zip lock bag to prevent contamination. The bag should remain open to decrease bacteria growth. o The oxygen tubing should not be in the bag as this increases the risk of contaminating the nasal cannula. o Nebulizer tubing and the nebulizer dispenser/mouthpiece will be changed weekly, the tubing will be dated, and the task will be documented in the electronic medical record. o The Nebulizer dispenser/mouthpiece is removed from the tubing after the treatment is administered, rinsed with tap water, and air dried on a paper towel out of an area with the increased risk for splash contamination. o The nebulizer dispenser/mouthpiece is stored in an open plastic bag after drying. "Pontotoc Extended Care: Bedside Respiratory Performance Monitoring (Attachment E)	

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F 880	Continued From page 23	F 880	1. This audit has been completed weekly, on Mondays, by the Administrator and the Administrative Assistant. 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. 3. The audits were performed for 10 of 10 residents who currently have Oxygen or nebulizers ordered. Results: "10 of 10 residents had Oxygen in use signage posted on their door. "10 of 10 residents had dates on the oxygen tubing and humidification. "2 of 2 residents had the nasal cannula secured in an open bag when not in use. "8 of 8 residents□ nasal cannulas were in use not requiring bag storage. "2 of 2 residents had dates present on their nebulizer tubing and the aerosol/mouthpiece was dry and stored in an open bag. 100% compliance overall compliance elements of the plan of correction. "Sparkling Surfaces education for 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: .....own- currently in Montana travel nursing, no days scheduled in facility	

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F 880	Continued From page 24	F 880	.....oway-currently out of state, no days scheduled in facility .....ood- currently on education leave .....ng- PRN employee without days scheduled .....ford- PRN employee removed from schedule until training is complete .....tsy-PRN employee removed from schedule until training is complete "Completion of Bedside Respiratory Competency by all licensed staff: 1. Bedside Respiratory Competency has been completed by all licensed staff except for: .....utsy-PRN employee removed from schedule until training is complete .....lloway-currently out of state, no days scheduled in facility Meeting notes: 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.	