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	255270	A. BUILDING _____ B. WING _____	06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH STREET PONTOTOC, MS 38863

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 06/05/23 to 06/08/23. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F880. The facility held a license for 60 beds, with a census of 49.	F 000		
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, 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,	F 880		7/10/23

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

Electronically Signed | 06/22/2023

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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 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.

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review and facility policy review the facility failed to prevent the possible spread of infection during medication pass for two (2) of 35 medication administrations observed (Resident #18 and Resident #21) and by not storing a nebulizer mask properly when not in use for one (1) of five (5) residents reviewed for respiratory care (Resident #16). Findings Include: Review of the facility policy titled, "Infection Prevention and Control" with a revision date of 5/12/23 revealed, "Policy ...This facility has established and maintains 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 as per accepted national standards and guidelines." Review of the typed statement on facility letterhead revealed the facility did not have a policy on utilizing a barrier when administering medications and was signed by the Administrator dated 6/7/23. Review of the typed statement on facility letterhead revealed the facility did not have a policy on nebulizer storage when not in use that was signed by the Administrator and dated 6/7/23. Resident #18 An observation on 6/7/23 at 9:18 AM with	F 880	1. LPN(Licensed Practical Nurse)#1 and LPN(Licensed Practical Nurse)#2 were inserviced on 6/7/2023 by the Director of Nursing to always use a barrier for items taken into residents room that will be placed back into the medication cart to prevent the possible spread of infection. LPN#2 was inserviced on 6/7/2023 by Director of Nursing on proper storage of nebulizer mask when not in use. 2. The facility has determined that all residents using medications that require a barrier have the potential to be affected by this practice. The facility also determined that all residents requiring the use of nebulizer treatments have the potential to be affected by this practice. 3. All licensed nursing staff were inserviced by Staff Development Nurse on the use of barriers when taking items from the medication cart into a resident's environment that has the potential for spread of infection. The inservice began on 6/7/2023 was completed on 6/9/2023. All licensed nursing staff were inserviced by Staff Development Nurse on the proper storage of nebulizer masks when not in use. The inservice began on 6/7/2023 was completed on 6/9/2023. 4. The Quality Assurance Nurse will complete Medication Administration Competencies beginning week of 6/12/2023 to ensure nurses are compliant with use of barriers when required during	

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F 880	Continued From page 3 Resident #18 revealed Licensed Practical Nurse (LPN) #2 entered the resident's room to administer medications and eye drops to the resident and placed a bottle of eye drops on the resident's bedside table with no barrier and did not wipe down the table prior to placing the eye drops on the table. LPN #2 then administered the resident's other medications, followed by the eye drops. After administering the eye drops, LPN #2 returned the eye drop bottle to her medication cart and placed them back in the drawer of the medication cart. An interview on 6/7/23 at 9:30 AM, with LPN #2 confirmed that she should have put a barrier down to set the eye drops on instead of setting them directly on the resident's bedside table, because there was no way to know what could have been on that table. She stated that the barrier would have prevented the possible spread of infection. Record review of Resident #18's June 2023 Physician Orders revealed an order dated 12/27/18 for Artificial Tears one drop each eye twice per day for Dry Eyes. Record review of Resident #18's Face Sheet revealed the resident was admitted to the facility on 11/22/17 with medical diagnoses that included Dry Eye Syndrome. Record review of Resident #18's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/23 revealed in Section C a Brief Interview for Mental Status (BIMS) of 15, which indicated the resident was cognitively intact. Resident #21	F 880	medication administration. These competencies will be conducted 2 (two) times per week for 4 (four) weeks, then 1 (one) time per week for 4 (four) weeks and continue annually thereafter. The Quality Assurance Nurse will complete audits 2 (two) times weekly for 4 (four) weeks, then 1 (one) time weekly for 4 (four) weeks and then monthly thereafter to ensure nebulizer mask are stored properly when not in use. The Quality Assurance Nurse will report any issues identified to the Director of Nursing, who will bring all findings to the Quality Assurance Committee on July 5, 2023 for review and recommendations. The Director of Nursing will continue to bring the findings from the audits to the Quality Assurance Committee monthly for 4(four) months.	

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F 880	Continued From page 4 An observation on 6/7/23 at 8:57 AM, with Resident # 21 revealed that LPN #1 entered the resident's room, set the resident's ordered eye drop bottle on the overbed table with no barrier, administered the residents by mouth (PO) medications and then picked the eye drop bottle up off of the overbed table and administered the eye drops. LPN #1 then left the residents room and returned the eye drop bottle to the medication cart drawer. An interview on 6/7/23 at 9:15 AM, with LPN #1 confirmed she set Resident #21's eye drops on the overbed table with no barrier before administering and then returned them to the medication cart. She revealed that she should have used a barrier under the eye drops before setting them on the overbed table to prevent the possible spread of infection and she stated that she knew better. An interview on 6/7/23 at 9:50 AM, with the Infection Preventionist (IP) confirmed that the nurses should have placed a barrier down to place the eye drop bottle on instead of setting them directly on the resident's furniture. She stated that they are absolutely supposed to use a barrier and that the nurses are trained in using a barrier for infection control purposes when they are hired and during annual in-services. An interview on 6/7/23 at 2:10 PM, with the Director of Nurses (DON) confirmed that the nurses should not set an eye drop bottle down in the resident's room without using a barrier to prevent the spread of infection. Record review of Resident #21's Physician	F 880		

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Orders List revealed an order dated 3/31/21 for Olopatadine HCL 0.1% eye drops, administer one drop in both eyes daily for Allergies.

Record review of Resident #21's Face Sheet revealed the resident was admitted to the facility on 3/31/21 with medical diagnoses that included Unspecified Dementia, Unspecified Severity with behavioral disturbances and Allergic Rhinitis Unspecified.

Record review of Resident # 21's MDS with an ARD of 5/30/23 revealed in Section C a BIMS of 11 which indicated the resident was moderately cognitively impaired.

Record review of the facility in-services regarding infection control revealed the facility had an in-service on 7/22/22 and 2/16/23 that was attended by all nursing staff including LPN #1 and LPN #2.

Resident #16

An observation and interview on 06/05/23 at 11:05 AM, with Resident #16 revealed his nebulizer machine and mask were located on the bedside table with no storage bag placed over the nebulization mask. The resident revealed he used the nebulizer several times a day.

An observation on 06/06/23 at 9:05 AM, revealed Resident #16's nebulizer mask lying on the bedside table with no storage bag over the mask.

An observation on 06/07/23 at 9:30 AM, revealed Resident #16's nebulizer mask clipped onto the nebulizer machine located on the bedside table with no storage bag placed over the mask.

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An interview on 06/07/23 at 9:40 AM, with Licensed Practical Nurse (LPN) #2 confirmed that Resident #16's nebulizer mask was not placed in a storage bag. She revealed that not placing the mask in a storage bag could cause the mask to become contaminated with germs and could lead to respiratory issues.

An interview on 06/07/23 at 9:55 AM, with the Infection Preventionist (IP) revealed that staff are supposed to keep the nebulizer mask bagged if not in use. She revealed that leaving Resident #16's mask out of the storage bag could cause bacteria to enter the mask and could cause respiratory infection.

An interview with the Director of Nursing (DON) on 06/07/23 at 10:10 AM, acknowledged that Resident #16's nebulizer mask should not be left out in the environment and doing so could lead to respiratory infection. She stated that the facility has "IP's" (in pouches) that the mask should be stored in between usage.

Record review of the medical record revealed Resident #16 was re-admitted to the facility on 8/26/16 with diagnoses that included Personal history of COVID-19, Centrilobular Emphysema, Anxiety Disorder, and Shortness of Breath.

Record Review of Resident #16's Physician Orders List revealed an order dated 01/12/23, "DUO-NEB 0.5-2.5MG(milligrams)/3ML(milliliter) neb (nebulizer) give 3ML inhalation via nebulizer QID (four times a day); Emphysema...."

Record review of the MDS with an ARD of 04/04/23 revealed under section C a Brief

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F 880	Continued From page 7 Interview for Mental Status (BIMS) score of 13, which indicates Resident #16 is cognitively intact.	F 880		