STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55PR	A. BUILDING: _____ B. WING _____	08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL RIVER CO NURSING HOME	305 WEST MOODY STREET POPLARVILLE, MS 39470

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #22458 and MS #21986, at the facility from 8/21/23 through 8/24/23. The SA investigated MS #21986 related to dietary and there were no citations related to the complaint. MS #22458 was investigated related to an injury of unknown origin and M640 was cited related to the complaint. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M655.	M 000		
M 655	45.21.11 Special needs 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. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident rinsed her mouth after the administration of a Metered-Dose Inhaler to prevent possible mouth and throat irritation for one (1) of one (1) resident observed for administration of a Metered-Dose Inhaler. Resident #26 Findings include:	M 655	1) Resident #26 used water to rinse and expectorate her mouth on 08/22/2023. The Medication Nurse assisted Resident #26 with the rinsing of her mouth. 2) The facility recognizes that all residents that have an order for a Cortisol Sterodial Inhaler had the potential to be affected by this alleged deficient practice. 3) Rinsing and Expectorating with water was added to all Medication Administration Records following the use of a Cortisol	10/2/23

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M 655	Continued From page 1 A record review of the facility's policy "Administering Medications through a Metered Dose Inhaler", revised 10/2010, "... The purpose of this procedure is to provide guidelines for the safe administration of inhaled medications... Equipment and Supplies ...5. Gargling solutions ..." On 08/22/23 at 03:50 PM, during an observation of medication administration with Registered Nurse (RN) #1, she administered two (2) puffs of the Flovent inhaler and exited the room without instructing the resident to rinse her mouth. On 08/23/23 at 01:30 PM, during an interview with RN #1, she confirmed that on 08/22/23 while administering the Flovent Inhaler to Resident #26, she did not offer the resident water to rinse and expectorate. RN #1 reviewed the guidelines for the use of the medication and confirmed the resident should have rinsed her mouth after the administration of the Flovent inhaler to prevent thrush and other complications. On 08/23/23 at 01:45 PM, during an interview with the Director of Nursing (DON), she explained she expected the nurses to follow the guidelines for medication administration and confirmed the reason for instructing residents to rinse after the administration of a steroid inhaler is to prevent possible complications. A record review of the "Face Sheet" revealed the facility admitted Resident #26 on 11/04/2016 with the diagnosis of Chronic Obstructive Pulmonary Disease. A record review of the "Physician Orders List" revealed Resident #26 had a Physician's Order dated 10/7/2019 for "Flovent HFA (Fluticasone	M 655	Sterodial Inhaler on 08/24/2023. Nurses were provided education on our policy of ensuring the resident was allowed to rinse and expectorate their mouths with water after each use of a Cortisol Sterodial Inhaler by the Education Nurse. This education started on 09/06/2023 and was ongoing to the completion date of 09/08/2023. 4) The results of the reviews will be brought to the Quality Assurance Performance Improvement (QAPI) Committee by the Quality Assurance Coordinator and corrective action will be monitored and evaluated by the Committee monthly for at least three months. If any revisions of the plan of correction are needed, the revisions will be developed and approved by the Quality Assurance Performance Improvement (QAPI) Committee to ensure the plan of correction is achieved and sustained. All floor nurses will be monitored during medication administration beginning on 09/11/2023, to ensure they are performing the procedure of administering of a Cortisol Steroidal Inhaler correctly. All Medication Nurses will be monitored at least once a week for administration of a Cortisol Steroidal Inhaler, at least once a week for 90 days by the Charge Nurse. The Medical Records Nurse will monitor the Medication Administration Record for rinsing of mouth when using a Cortisol Steroidal Inhaler 3 days a week for the first 30 days. Ongoing, monitor the Medication Administration Record for rinsing of mouth when using a Cortisol	

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M 655	Continued From page 2 Propionate) 0.1 mg (milligram) inhaler. Give two puffs via inhalation four times daily. Allow one minute between inhalations. Rinse mouth with water after use..." A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/11/2023, revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated she had moderate cognitive impairment. A record review of the "Patient Information" document for Flovent HFA for oral inhalation use, revised 4/2020, revealed "... Rinse your mouth with water without swallowing after each dose of Flovent HFA. This will help lessen the chance of getting a yeast infection (thrush) in your mouth and throat..."	M 655	Steroidal Inhaler 1 day a week for the following 60 days. These monitoring checks will begin on 09/11/2023. These monitoring sheet will be given to the Quality Assurance Coordinator on 09/29/20223, and ongoing for at least 90 days.	