

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18BC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2024
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NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CTR-MONROE HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 300 CAHAL STREET HATTIESBURG, MS 39401
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(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 at the facility from 03/25/2024 through 03/28/2024. 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 and 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 ensure a nebulizer mask was stored in a designated storage bag one (1) of one (1) resident reviewed for respiratory care. Resident #179. Findings include: A record review of the facility's policy, "Administering Medications through a Small Volume (Handheld) Nebulizer", revised date 8/2/22, revealed, "The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the resident's airway ... 23. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it ..."	M 655	Resident #179's nebulizer mask was placed in a plastic bag and dated on 03/26/2024. All residents have the potential to be affected by the deficient practice. All nursing staff were trained on proper storage of respiratory tubing by the Staff Development Nurse on 04/10/2024. An audit of all residents with nebulizer treatments to ensure masks are stored correctly was completed by the Director of Nursing on 03/28/2024. The Registered Nurse (RN) Supervisor will use the RN Round Checklist 5 x week x 12 weeks beginning 4/1/2024 to ensure that all respiratory tubing is properly	4/19/24

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
04/08/24

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M 655	<p>Continued From page 1</p> <p>A record review of the "Order Summary Report", with active orders as of 03/27/24, revealed Resident #179 had a Physician's Order, dated 3/20/24, for "Ipratropium-Albuterol Solution 0.5-2.5 (3) mg (milligram)/ 3 ml (milliliters) 1 vial inhale orally four times a day for wheezing/sob (shortness of breath)".</p> <p>On 03/25/24 at 11:26 AM, during an observation, Resident #179 was lying in bed sleeping. A nebulizer mask was tied to the left bedrail and was not stored in a designated bag.</p> <p>At 12:39 PM on 03/25/24, during an observation and an interview with Licensed Practical Nurse (LPN) #1, she confirmed the nebulizer mask was tied directly onto the bedrail for Resident #179 and explained that the mask should have been stored in a plastic bag. LPN #1 was unable to find a designated storage bag in the room and stated she would get a bag to store the mask. LPN #1 reported that Resident #179 was not able to tie the mask to the bedrail and that a staff member must have placed it there.</p> <p>On 03/26/24 at 01:30 PM, during an interview with the Director of Nursing (DON), she explained all nebulizer masks should be stored in a clear bag, dated, and changed weekly with the oxygen tubing. She expected all nurses to follow the policy and store nebulizer masks in designated bags to prevent infections or complications.</p> <p>A record review of the "Admission Record" revealed the facility admitted Resident #179 on 03/20/20 with diagnoses including Alzheimer's Disease.</p> <p>A record review of the Quarterly Minimum Data</p>	M 655	<p>stored. The Checklists will be reviewed by the Quality Assessment and Assurance Committee monthly x 3 months beginning on 4/19/2024 to ensure sustained compliance.</p>	

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M 655	Continued From page 2 Set (MDS) with an Assessment Reference Date (ARD) of 02/07/24 revealed Resident #179 had a Brief Interview for Mental Status (BIMS) score of 02, which indicated his cognition was severely impaired.	M 655		